L19000111445

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MAY 5 2019 CINCNAHR

COVER LETTER

Registration Section Division of Corporations

TO:

				۳
SUBJECT:	TOTAL	LY FASHIONS, LLC		_
		Name of Limit	ed Liability Company	
				· · ·
The enclosed Ar	ticles of An	nendment and fee(s) are subm	itted for filing.	.
Please return all	correspond	ence concerning this matter to	the following:	(
		LEVIE B. C	NOXION	
			Name of Person	
		TOTALLY	FASHIONS, LLC	
			Firm/Company	
		2006 N	48 STREET	
		2000 14. 2	Address	
		FORT P	IERCE, FL 34947 ©ity/State and Zip Code	
		Lawa Nyan		
	-	E-mail address: (to	be used for future annual report notification)	
For further infor	mation con	erning this matter, please cal	l:	
LEVUE	D DIVON		772 172 1/4:1	
LEVIE	B. DIXON Name of Pe	erson	at (772) 479 – 4466 Area Code Daytime Telephone No	ımber
Enclosed is a ch	eck for the f	following amount:		
☑ \$25.00 Filing	g Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cer	00 Filing Fee, tificate of Status & tified Copy itional copy is enclosed)
	Registration of P.O. Box (f Corporations	STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	ss:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOTALLY FASHIONS, LLC

(<u>Name of the Limited Liablity</u> (A Florida l	Company as it now appear	ars on our records.)	
(A Florida I	Limited Liability Company)		
The Articles of Organization for this Limited Liability Co	umnany were filed an	4/24/2010	್ರ and assigned
	impany were med on _	4/24/2019	and assigned
Florida document number L19000111445	<u>-</u> ·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company h	<u>iere</u> :	
			
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the	designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u></u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registe	ered office address o	n our records, ei	iter the name of the r
registered agent and/or the new registered office addre		_	
Name of New Registered Agent:			
V 1027			
New Registered Office Address:	Enter Fle	orida street address	_
-	City	, Florid	a Zin Code
New Registered Agent's Signature, if changing Registered	·		
			1
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and conaccept the obligations of my position as registered agenties filled to merely reflect a change in the registered agentics.	mplete performance o ent as provided for in	f my duties, and I Chapter 605, F.S.	am familiar with and Or, if this document is
company has been notified in writing of this change			

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or removed	from our records:	o manage, enter the title, name, and address of each p	
MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	LEVIE B. DIXON	2006 N. 48 STREET, FORT PIERCE, FL 34947	7_⊠ Add
			□ Remove
			□ Change
MGR	LEVIE B. DIXON	2006 N. 48 STREET, FORT PIERCE, FL 34947	′_⊠ Add
			_□ Remove
			_□ Change
			□ Add
			_□ Remove
			_□ Change
	<u></u>		_□ Add
			_□ Remove
			_□ Change
			_□ Add
			_□ Remove
			_D Change
			_□ Add
			_□ Remove
			_□ Change

D. If ame	nding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)
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(If an effe <u>Note:</u>	ve date, if other than the date of filing:ective date is listed, the date must be specific and cam If the date inserted in this block does not meet ent's effective date on the Department of State	(optional) not be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 the applicable statutory filing requirements, this date will not be listed as the records.
	ord specifies a delayed effective date 90th day after the record is filed.	but not an effective time, at 12:01 a.m. on the earlier of:
Dated	MAY	2019
	Hulstixon Signature of a mem	ber or authorized representative of a member
		•
		E. B. DIXON, MEMBER and or printed name of signee
	-21	

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Filing Fee: \$25.00