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R. WHITE

COVER LETTER

Division of Corporations	
SUBJECT: () + 14 VL Fashlons / LC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Quira Domory Name of Person	
Firm/Company	
1631NS 171St Street	
Nort Man Beach, FL 33/62 City/State and Zip Code GH SMO Q Have Fash (cns@gmail - (c) E-mail address: (to b) used for future annual report notification)	
E-mail address: (to b) used for future annual report notification)	h
For further information concerning this matter, please call:	
Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \Bigcup \\$55.00 Filing Fee & \Bigcup \\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>Oitique</u>	Fashie	ons	2019 00T 29	AH11: 20
(Name of the Limit	ed Liability Compan (A Florida Limited Li	y as it now appea ability Company)	ars on our records.)	•
The Articles of Organization for this Limited Life Florida document number		vere filed on _	5/4/19	and assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	f the limited liabil	ity company l	<u>iere</u> :	
The new name must be distinguishable and contain the w	ords "Limited Liabilit	ly Company," the	designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	T ADDRESS)			
				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<i>ΒΟλ</i>)			
B. If amending the registered agent and/registered agent and/or the new registered of	L,*		n our records, <u>ent</u>	er the name of the new
Name of New Registered Agent:	Quira	<u>Dem</u>	on	
New Registered Office Address:	1631	NS Enter Flo	orida street address	
	North	MGM.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	3316Q Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
CEO/	Quira	1631 NE 171ST STREET	⊠ Add
MGR	Demery	NORTH MIAMI BEACH, FL	Remove
		33162	🛭 Change
_MGR	Ausha	737 SW 109th Ave	⊠ Add
	Demery	Apt 611	☐ Remove
		Miami,FL 33174	
			□ Add
			□ Remove
			Change
			🗀 Add
			☐ Remove
			□ Change
			□ Add
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			☐ Change

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E. Effectiv	e date, if other than the date of filing:
(If an effec <u>Note:</u> If	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 () the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as that seffective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated	October
	October 21, 2019
	Signature of a member of authorized representative of a member
	Quira
	Demery printed name of signee

Page 3 of 3

Filing Fee: \$25.00