L19000 161 500

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COVER LETTER

Division of Corporations			
SUBJECT: My Closet 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:			
Jonathan Baker Name of Person My closeth Firm/Company 3105 SW State road Address Lake City FL 32024 City/State and Zip Code Email My closet & gmail. Com E-mail address: No be used for future annual report notification)			
E-mail address: No be used for future annual/report notification) For further information concerning this matter, please call:			
Jonathan Baker at (386) 288-6532 Name of Person Area Code Daytime Telephone Number			
Enclosed is a check for the following amount:			
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status			

MAILING ADDRESS:

TO:

Registration Section

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

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. 4	2019 JUL 22 PM 1: 40
My Closet	
(Name of the Limited Liability Compar	ny as it now appears on our records.)
(7) Fortida Danited D	admity Company)
The Articles of Organization for this Limited Liability Company	were filed on 6/19/2019 and assigned
Florida document number <u>L 19000 61 500</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	- · ·
	fice address on our records, enter the name of the new
registered agent and/or the new registered office address here	<i>;</i>

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

Name of New Registered Agent:

New Registered Office Address:

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.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

_, Florida <u>__</u>

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>	Address	Type of Action
<u>AMBR</u>	Jonathan Baker	3105 Spstwie Road 247)X _Add
		Lake City 32024	Remove
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			Change
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(If an eff Note:	we date, if other than the date of filing:
the red) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	07/18 . 2019.
	Signature of a member or authorized representative of a member
	Jonathan Baker Typed or printed name of signee

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Filing Fee: \$25.00