L19000248126

(Reque	estor's Name)
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(City/Si	tate/Zip/Phor	ne #)
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SECRETARY OF STATE

2/22/21

COVER LETTER

TO: Registration Se Division of Cor			
	Ivosha Swin	nwear, LLC.	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Gina	Colesanti	
		Name of Person	
		Firm/Company	
	4220 N	DIXIE Hwy #	-74
		Address	
	Oakland	d Park, Fl. 33	3334
	gin.	a Chusynation to be used for future annual report notifi	ral-com
For further information c	oncerning this matter, please e		
	-		, , , , , ,
Gina Co	oksanti	at (240) 687 Area Code Daytime	6530
Name o	f Person	Area Code Daytime	relephone Number
Enclosed is a check for the	ne following amount:		
□ \$25,00 Filing Fee	Zi \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address: Registration Sec	tion
Registration Section Division of Corporations		Division of Corp	
P.O. Box 632		The Centre of To	
Tallahassee.	nu 34314	2410 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 JAN 13 PM 2: 07

		111 2.07
AKOSHA Swimwea (Name of the Limited Liability Comp (A Florida Limited	Y LLC.	SECRETARY OF STATE
(A Florida Limited	Liability Company)	THE WAS GLE, FL
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000248126</u>	y were filed on 10/5	1/19 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4220 N	Dixie Hwy # 74 Park, Fl. 33334
(Principal office address MUST BE A STREET ADDRESS)	<u>Oakland</u>	Park, Fr. 33334
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
	·····	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records,	enter the name of the new registered
The second secon		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	arthur
	Emer Frorida SP CC	
	Cuv	, Florida Zip Code
	Cuy	гэр Соас

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person-being added or removed from our records: * These changes have already been made via annual report MGR = Manager AMBR = Authorized Member Type of Action Address <u>Title</u> Name MGR Gina Colesanti 4220 N DIXIE Hy #74 []Add Oakland Park, Fl. 33334 Remove 215 N New River Dr. E# 1270 Anna Newsome MGR Fr Landerdake, F1.33301 | Remove _____ □Remove _____ Change _ □Remove

If an	rending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	This amendment is to change both
	Authorized Persons from Authorized
	Members (AMBR) TO Managers (MGR).
-	This change has already been made via
	our annual report on Surbizbut we need
	amended articles of incorporation/cert
	of formation filings for an investor.
	of formation filings for an investor.
If an e Note:	tive date, if other than the date of filing: [Coptional] (optional) (flective 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 (3) [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
e reco rd is t	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the iled.
Datec	January 6 2021.
	Signature of a member or authorized representative of a member
	Gina Colesanti
	Typed or printed name of signee

Filing Fee: \$25.00