

3/19/2020

Division of Corporations

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

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(((H20000088300 3)))



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To:  
 Division of Corporations  
 Fax Number : (850)617-6383

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 Account Name : C T CORPORATION SYSTEM  
 Account Number : FCA000000023  
 Phone : (614)280-3338  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**JUST MY CLOSET LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 04      |
| Estimated Charge      | \$55.00 |

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MAR 20 2020

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Just My Closet LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on January 17, 2020 and assigned Florida document number L20000012470.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

2030 Douglas Road

Suite 207

Coral Gables, Florida 33134

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2030 Douglas Road

Suite 207

Coral Gables, Florida 33134

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida 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>                      | <u>Type of Action</u>                      |
|--------------|---------------------------|-------------------------------------|--|
| <u>MGR</u>   | <u>Fernando Ferreccio</u> | <u>Samuel Lewis Avenue and 58th</u> | <input type="checkbox"/> Add               |
|              |                           | <u>Unit 800 D</u>                   | <input checked="" type="checkbox"/> Remove |
|              |                           | <u>Panama City, Panama</u>          | <input type="checkbox"/> Change            |
| <u>MGR</u>   | <u>Gianni Dornelles</u>   | <u>2030 Douglas Road</u>            | <input checked="" type="checkbox"/> Add    |
|              |                           | <u>Suite 207</u>                    | <input type="checkbox"/> Remove            |
|              |                           | <u>Coral Gables, Florida 33134</u>  | <input type="checkbox"/> Change            |
|              |                           |                                     | <input type="checkbox"/> Add               |
|              |                           |                                     | <input type="checkbox"/> Remove            |
|              |                           |                                     | <input type="checkbox"/> Change            |
|              |                           |                                     | <input type="checkbox"/> Add               |
|              |                           |                                     | <input type="checkbox"/> Remove            |
|              |                           |                                     | <input type="checkbox"/> Change            |
|              |                           |                                     | <input type="checkbox"/> Add               |
|              |                           |                                     | <input type="checkbox"/> Remove            |
|              |                           |                                     | <input type="checkbox"/> Change            |
|              |                           |                                     | <input type="checkbox"/> Add               |
|              |                           |                                     | <input type="checkbox"/> Remove            |
|              |                           |                                     | <input type="checkbox"/> Change            |

2020 MAR 19 PM 12:49

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective 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)(b)  
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated March 15<sup>th</sup>, 2020

Signature of a member or authorized representative of a member

Gianni Dornelles, Manager

Typed or printed name of signee