## 120000061675

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ALLAHASSEE, FLORIDA

2022 JUL 11 PH 3: 04

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## **COVER LETTER**

TO: Registration Section

Division of Corporations

Tallahassee, FL 32314

COI	: RPORAT	TE PURPOSE AMENDMEN'	Т		
SUBJECT: Name of Limited Liability Company					
The enclosed Arti	icl <b>e</b> s of A	Amendment and fee(s) are sub	omitted for filing.		
Please return all c	correspor	idence concerning this matter	to the following:		
		SHAWANA ALLEN			
		Name of Person			
		CHANEL COLLECTIONS	S, LLC		
			Firm/Company		
		1150 NW 186TH ST			
			Address		
		MIAMI, FLORIDA 33169	)		
		<del>-</del>	City/State and Zip Code		
		CHANELCOLLECTIONS	•		
For further inform	nation co	ncerning this matter, please ea	to be used for future annual report notification)		
		neering this matter, prease ea			
SHAWANA ALI			305 804-0718 at ()		
	Name of	Person	Area Code Daytime Telephone Number		
Enclosed is a che	ck for the	e following amount:			
■ \$25.00 Filing	g Fcc	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified C	of Status &	
<u>Mailing</u>	_	<del></del>	Street Address: Registration Section		
Registration Section Division of Corporations			Division of Corporations		
P.O. Box 6327			The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHANEL COLLECTIONS AND SOLU	TIONS, LLC	022 VIII
(Name of the Limited Li (A Fl	ability Company as it now appears on our records.) orida Limited Liability Company)	DZZ JUL I
The Articles of Organization for this Limited Liabili	ty Company were filed on 02/25/2000	and assigned
Florida document number L20000061675	<del></del>	N 3: Ou
This amendment is submitted to amend the following	g:	100
A. If amending name, enter the new name of the	limited liability company here:	
CHANEL COLLECTIONS, LLC		
The new name must be distinguishable and contain the words '	'Limited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or regist agent and/or the new registered office address he		name of the new registered
agent and of the new register to write address it	<u></u> .	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
į	, Florida	1
	City	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 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>	Name	Address	Type of Action
			□ Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			🗆 🗆 Add
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			□ Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change

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 \_\_\_ 2022 Signature of a member or authorized representative of a member SHAWANA ALLEN

Typed or printed name of signee