L20000064783

(Req	uestor's Name)	
(Add	ress)	
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(City/	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

	Registration Se Division of Cor			₹.
		WORKS CLOTHES & ACCE	SSORIES, LLC	•
SUBJEC	I:	Name of Lim	ited Liability Company	
The enclo	sed Anicles of	Amendment and fee(s) are sub	mitted for filing.	
Please reti	urn all correspo	ndence concerning this matter	to the following:	
		CARLOS RODRIGUEZ J	R	
			Name of Person	
		FASHIONWORKS CLOT	THES & ACCESSORIES, LLC	
			Firm/Company	
		6969 NW 82 ND AVE		
			Address	
		MIAMI FL 33166		
			City/State and Zip Code	
		erg@americance.us	to be used for future annual report no	tition to a
For furthe	r information c	oncerning this matter, please c		meanon
CARLOS	RODRIGUEZ	JR	786 5238137	
	Name of	f Person	Area Code Daytin	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
≣ \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		Street Address: Registration So	ection
	Division of C	orporations	Division of Co	rporations
_	P.O. Box 632 Fallahassec, I		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FASHIONWORKS CLOTHES & ACCESSORIES 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 02/27/2020 ____ and assigned Florida document number _L20000064783 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

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.

Cin.

, Florida _

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Carlos Rodriguez Jr	6969 SW 82 ND AVE	□Add
		MIAMI FL 33166	□ Remove
			■ Change
			□Remove
			Change
			☐ Change
11 10,32			□ Add
			Remove
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ffective date, if other than the an effective date is listed, the date motor. If the date inserted in this locument's effective date on the	sust be specific and block does not m	cannot be prior to d neet the applicable	ate of filing or more to statutory filing re-	(optional han 90 days after filin quirements, this dat	ig.) Pursuant to 605.020
record specifies a delayed effect is filed.	ive date, but not	an effective time.	at 12:01 a.m. on the	ne earlier of: (b) 3	The 90th day after the
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04/30/2021	,				3
ated	,			5	1877.
ated	Signature of a n	nember authorize	nd representative of a	member	

Filing Fee: \$25.00