

170 0000 92987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

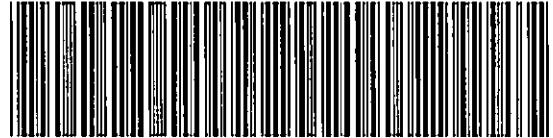
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/03/20--21011--001 **45.00

2020 MAY -4 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 05 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Signature The Label
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:

Geneva Guernier
Name of Person

Firm/Company

1475 NE 125TH TERRACE APT. 608
Address

North Miami, FL 33161
City/State and Zip Code

geneva.guernier98@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Geneva Guernier at (954) 464-3258
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 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 Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Zignaire the Label

(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 03/30/2020
Florida document number L200000092987

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)

1835 NE Miami Gardens
Dr. #314
North Miami Beach, FL 33179

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

1835 NE Miami Gardens
Dr. # 314
North Miami Beach, FL 33179

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:

1835 NE Miami Gardens Dr. #314
Enter Florida street address
North Miami Beach, Florida 33179
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 Changing Registered Agent, Signature of New Registered Agent

2020 MAY -4 AM 11:00
FILED
TALLAHASSEE
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:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Genieva Guernier	1835 NE Miami Gardens	<input checked="" type="checkbox"/> Add Address
		Dr. #314	<input type="checkbox"/> Remove
		North Miami Beach, FL	<input type="checkbox"/> Change
		33179	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2020 MAY - 1st
 ALL ASSISTANT
 ONE

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

*UPDATE all addresses on file to:

1835 NE Miami Gardens Dr. #314

North Miami Beach, FL 33179

2020 MAY -4 AM 11:06
ALL AMASHEET FLORIDA

E. Effective date, if other than the date of filing: 04/03/2020 (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 04/17/2020 6:16p.m.



Signature of a member or authorized representative of a member

Genevieve Guerrier

Typed or printed name of signee