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SECTION OF STATE
VISION OF CORPORATION

Come Change
DEC 0 4 2020
D CUSHING

Claw Cout	ure LLC				
SUBJECT:	Name of Lin	ited Liability Company	 		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Christine M Sanchez				
		Name of Person	.		
	Claw Couture LLC				
		Firm/Company			
	7360 NW 114th ave #108	1			
		Address			
	Doral FL 33178				
•		City/State and Zip Code		2 0 OCT	13E 33S
	Nailzbychristine617@gma	il.com		C	ALENDA OF COST ORALICA ALENDA OF STALL
	E-mail address: (to be used for future annual report notifi	cation)	26	7.7.7 7.7.7
For further information c	oncerning this matter, please ca	all:		PX	12
Christine M Sanchez		305 788 0272		ယ္	-855 S-8
	40	at ()		_ 5	37
Name o	f Person	Area Code Daytime	Telephone Number		<i>3</i> .
Enclosed is a check for the	ne 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 For Certificate of S Certified Copy (additional copy is	tatus &	

Mailing Address:

TO:

Registration Section Division of Corporations

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 ORGANIZATION OF

Claw Couture LLC		क सुवूद
(Name of the Limited L (A F	iability Company as it now appears on our lorida Limited Liability Company)	records) 2/2020 and assigned
The Articles of Organization for this Limited Liabil Florida document number	lity Company were filed on	2/2020 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	nº. UC	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
	 	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	<u></u>	
B. If amending the registered agent and/or regis agent and/or the new registered office address he	· ·	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
		. Florida
-	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.

U	•			
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MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Remove
.			□Add
			☐Remove
			□ Change
			□Remove
			Change
			□Add
			□Remove
			□Change

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing: (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) 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.
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 ecord is filed.
Dated /0/20/2020 Signature of a member of authorized representative of a member
Christine M Sanchez

Typed or printed name of signee