KZC 000 118708

(Re	questor's Name)	
(Ad	ldress)	
(Ac	dress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300354614553

11/04/20--01010--029 **80.00

1.3 TO 1.5 OF 3

O SIMMONS DEC 1 2 2020

COVER LETTER

Division of Corporations	
SUBJECT:	Hailin Fashion & Fragrance LLC
SCIOLX, 1.	Name of Limited Liability Company
The enclosed Articles of Amendment (nd fee(s) are submitted for filing.
Please return all correspondence conce	ning this matter to the following:
	Ada Cruz
	Name of Person
	Firm/Company
	4130 Memorial Pkwy Sw #C
	Address
	Huntsville AL 35802
	City/State and Zip Code adacruz00@gmail.com
	E-mail address: (to be used for future annual report notification)
For further information concerning this Ada Cruz	matter, please call: 754 252-8583
	at ()
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following as	iount:
☐ \$25,00 Filing Fee ☐ \$30,00 U	iling Fee & S55 00 Filing Fee & S60,00 Filing Fee ate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	<u>Street Address:</u> Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

τo:

Registration Section

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

Hailin Fashion & Fragrance LLC

· 11: - / / 5: 3

(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 Liability Company were filed on

New Registered Agent's Signature, if changing Registered Agent:

agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

__, 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>	Address I I I !!	Type of Action
MGR Oniel Alvarez		19780 SW 198th St Miami FL 33187	್ . ರ ≣Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			🗀 Add
		□Remove	
			□ Change
		□Add	
			□Remove
			☐ Change
			□ Add
		□Remove	
			Change

		_
	<u>71₽ -5 9:73</u>	_
		_
		-
		_
		-
		-
		_
		_
		_
****		_
		-
		-
<u> </u>		-
***** · · · · · · · · · · · · · · · · ·		_
		_
ffective date, if other than the an effective date is listed, the date mu	date of filing: (optional) be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 603	5.0207 (
tote: If the date inserted in this blocument's effective date on the D	ck does not meet the applicable statutory filing requirements, this date will not be list	ted as t
stanting streetive date on the p	partition of state's records.	
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	
is filed.	date: our not an effective time, at 12.01 a.m. on the earner of: (b) The 90th day and	r the
October 28 ited	2020	
111		
(Gaes)	Signature of a member or authorized representative of a member	
' /	agnature of a member or authorized representative of a member	
	Marina Sanchez	
	Typed or printed name of signee	