120000 203000

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· COVER LETTER

TO:

Registration Section

Division of C	orporations				
Sister's A	pparel				
SUBJECT: Name of Limited Liability Company					
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
	Jihad Muhammad				
		Name of Person			
	Sister's Apparel				
		Firm/Company			
	3550 Altis Cir N 10-304				
		Address			
	Hialeah, FL 33018				
		City/State and Zip Code			
	sisterslaapparel@gmail.con				
	E-mail address: (to be used for future annual report noti-	fication)		
For further information	concerning this matter, please c	all:			
Jihad Muhammad		201 589-4559 at ()			
Name	of Person	Area Code Daytime	e 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 Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sister's Apparel		
(Name of the Limited Liability (A Florida I.	Company as it now appears on our rec limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Con Torida document number L20000203000	mpany were filed on July 14th . 202	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limite	ed liability company here:	
Caramel Vanilla Sisters Collection		
he new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "I	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	<u></u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered	office address on our records, en	ter the name of the new regist
gent and/or the new registered office address here:	, <u> </u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
		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.

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>	Type of Action
			□Add
			Change
			□Add
			□ Remove
			Change
			□Add
			Remove
			Change
			□Add
			□ Remove
			Change
			□ Remove
			□ Change
			□Add
			□ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
C. Effective date, if other than the date of filing:
f 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 Saturday Signature of a member or authorized representative of a member
Lihad Muhammad

Typed or printed name of signee