## 120000219686

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## **COVER LETTER**

то:	Registration Sec		, <b>*</b>	<i>6</i>	
SURJE	<sub>CCT:</sub> Fashion J	emz LLC			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	····		ited Liability Company		
The end	closed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please	return all correspoi	idence concerning this matter	to the following:		
		Nekia Williams			
			Name of Person		
		Fashion Jemz LLC			
			Firm/Company		
		2469 Messina Ave			
			Address		
		Orlando FL 32811			
			City/State and Zip Co	ode	
		nwill0727@gmail.com E-mail address: (i	to be used for future and	nual report notificat	tion)
For fur	ther information co	ncerning this matter, please co	alt:		
Nekia	Williams		at (476)	214-	7759
	Name of	Person	Area Code	Daytime Te	elephone Number
Enclose	ed is a check for the	e following amount:			
\$2:	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing F Certified Copy (additional copy r	y.	☐ \$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/COURIER ADDRESS:

Registration Section
Division of Corporations
Cliffon Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Fashion Jemz LLC			
(Name of the Lim	ited Liability Comp: (A Fiorida Limited	iny ay it now appears o Liability Company)	on our records.)
The Articles of Organization for this Limited I Florida document number L20000219686			1
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	oility company here	<b>;</b>
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		1317 Edgewater Dr #1329	
(Principal office address MUST BE A STREE	ET ADDRESS)		
		Orlando FL 32	804
Enter new mailing address, if applicable:		7901 4th St N	
(Mailing address MAY BE A POST OFFICE BOX)		STE 300	
		St. Petersburg	FL 33702
B. If amending the registered agent and registered agent and/or the new registered o	ffice address her	<u>e</u> :	
Name of New Registered Agent:	Northwest Registered Agent LLC		
New Registered Office Address:	7901 4th St N STE 300		
			street address
	St. Petersb	<del>`</del>	Florida <u>33702</u>
		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

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

AMBR = 7	Tanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address 2.2001. 13 P., 5: 18	Type of Action
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D. If amending any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)
	2.410% 10 F.1.5% 8
E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot Note: If the date inserted in this block does not meet the document's effective date on the Department of State's r	(optional) be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(e applicable statutory filing requirements, this date will not be listed as the records.
If the record specifies a delayed effective date, t(b) The 90th day after the retord is filed.	out not an effective time, at 12:01 a.m. on the earlier of:
Dated August 19 20	20
Tolkin Dillin	or authorized representative of a member
Nekia Williams	•

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Typed or printed name of signee

Filing Fee: \$25.00