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263177 TO BITE 35

C. GOLDEN UCT - 4 2020

COVER LETTER

TO: Registration Sect Division of Corpo			
3/	seld Son	ar. 11 C	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Marshadee	Williams Name of Person	
	The Sew	Dexy LLC	
	Name of Limited Liability Company Tricles of Amendment and fee(s) are submitted for filing. It correspondence concerning this matter to the following: Marchaelee Williams Name of Person She Sew Sexy LLC Firm/Company 1720 Obsectablee Rel Address Fort Prece, FL 34G5/ City/State and Zip Code B-mail address: (to be used for future annual report notification) matter of Person Area Code Daytime Telephone Number area (S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Street Address: Registration Section Ion of Corporations Box 6327 The Centre of Tallahassee		
	1720 Oheec	Address	
	- Λ		
	tort Preice,	CityState and Zin Code	
		Chyronic and rap code	
	E-mail address: (1	o be used for future annual report notif	ication)
For further information cor	ncerning this matter, please ca	dl:	
mousheed	ze Williams	at ()	
Name of	·—	Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Address:			tion
_		_	
P.O. Box 6327	, *	The Centre of T	allahassee
Tallahassee, F	L 32314	2410 N. Monroe	: Street, Stitte 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	y. LLC		9 FI: 12: 36
(<u>Name of the Limited Lial</u> (A Flor	pility Company as it now appear anda Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Florida document number <u>L2555</u> 220370		7-25-2020	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company he	re: NIA	
The new name must be distinguishable and contain the words "I	imited Liability Company," the d	esignation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADd	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registe agent and/or the new registered office address here		ecords, <u>enter the name</u>	of the new registere
Name of New Registered Agent:			
New Registered Office Address:	Enter Flor	ida street address	
	เมเมา 1 101		
	City	, Florida	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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
mcr	Joige Caldown SR	Toet Piece. FL 34951	X (∧dd
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			□Add
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. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an eff	ve date, if other than the date of filing:	
he recor ord is fil	I 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	he
Dated	Avg 11 . 2020	
	Signature of a member or authorized representative of a member	
	MOPS hocked 1/1/ems Typed or printed name of signee	