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COVER LETTER

• •	ion Section of Corporations		
SUBJECT:	CLOTHES U	NHISPERER,	LLC"
	Name of Lim	ited Liability Company	
The enclosed Articl	les of Amendment and fee(s) are sub	mitted for filing.	
Please return all con	rrespondence concerning this matter	to the following:	
	CLAIR	E 12USSO Name of Person	
	CLOTH	ES WHISPER	ZER "LLC"
	3307 0	HESTW UT GREE	OUE DRIVE
	ALVA,	FL 33420 City/State and Zip Code	
	E-mail address: (15507@ gynai to be used for future annual report no	otification)
For further informa	ation concerning this matter, please c	all:	
CLAI	lame of Person	at (239) 63	me Telephone Number
Enclosed is a check	s for the following amount:		
□ \$25.00 Filing I	Fee S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing A		Street Address:	
	tion Section of Corporations	Registration S Division of C	
DIVISION	ror corporations	DIVISION OF C	σιροτατιστίο

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CLOTHE	5 WH1	SPEKER	: 44C,	: n I
(Name of the Limit	ed Liability Compan (A Florida Limited Li	y <mark>as it now appears on o</mark> ability Company)	ur records.)	
The Articles of Organization for this Limited Li Florida document number 2000 0 24		vere filed on	14/202	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liabil	ity company here:		
The new name must be distinguishable and contain the w	ords "Limited Liabilit	y Company," the designal	ion "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applica	able:			
(Principal office address MUST BE A STREE	T ADDRESS)			
		- Addition		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE I	BOX)			
B. If amending the registered agent and/or ragent and/or the new registered office addres		idress on our record	s, <u>enter the nam</u>	e of the new register
Name of New Registered Agent:	CLA	CHESTNU Enter Florida str	So	
New Registered Office Address:	3307	CHESTNU	TRROVE	DRIVE
	_ A	A A		3392e
Nam Danistanad Amanto Simatum if shaming 1	Innictoral Anons	City		Zıp Code
New Registered Agent's Signature, if changing I		a to got in this cana	in I farthar aa	raa to aomnly with th
I hereby accept the appointment as registere provisions of all statutes relative to the prop- accept the obligations of my position as regi-	er and complete p	performance of my d	uties, and I am f	Camiliar with and

being filed to merely reflect a change in the registered office addyess, 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 1934 3' P. 1:01	Type of Action
MGR	CLAIRE RUSSO	Address 1111 31 P. 1:01 GROVE. 3307 CHESTNUT (68002)	DR RAdd
		ALVA, FL 339720	□Remove
		····	□Change
<u>C00</u>	CLAIME ILUSSO	3307 CHESTNATGENED	$\mathcal{L}_{\Box Add}$
		ALVA, FL 33920	DRemove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
		 	□Remove
			🗀 Change
	*****		□Add
			□Remove
			□Change
 			🗆 Add
			□Remove
			□Change

	n 31 P. I:n1
-	

fan effective o Note: If the	te. if other than the date of filing: S/14/2020 (optional)
record spec	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	8/28 / 2070.
_	Signature of a member or authorized representative of a member
	n 11 n 100
	CLAIRE RUSSO Typed or printed name of signee