# 120000264441

| (Requestor's Name)                      |
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| (Address)                               |
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| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| (Dusiness Enuty Name)                   |
|   |
| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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FASHION LICENSER LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: US BUSINESS TECHNOLOGY LLC Name of Person Firm/Company 8631 LUDINGTON CIR Address ORLANDO FL 32836 City/State and Zip Code JULIANAMGAVIAO@HOTMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JULIANA KARFITSAS Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee. ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & **■** \$25.00 Filing Fee Certificate of Status & Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

TO:

Registration Section
Division of Corporations

# TO ARTICLES OF ORGANIZATION OF

FILED

2021 AUG 30 PM 2: 06

**FASHION LICENSER LLC** 

(Name of the Limited Liability Company as it now appears on our records) ATANY OF SEC. 11

(A Florida Limited Liability Company) TALL ATASSES. 11

| The Articles of Organization for this Limited Liability Compan  | ny were filed on 08/25/2020          | and assign                      |
|---|--------------------------------------|---------------------------------|
| Florida document number L20000264441  |                                      |                                 |
| This amendment is submitted to amend the following:   |                                      |                                 |
| A. If amending name, enter the new name of the limited lia  | ability company here:                |                                 |
| SAME  |                                      |                                 |
| The new name must be distinguishable and contain the words "Limited Lia"  | bility Company," the designation "Ll | LC" or the abbreviation "L.L.C. |
| Enter new principal offices address, if applicable:   |                                      |                                 |
| (Principal office address MUST_BE A STREET ADDRESS)   | SAME                                 |                                 |
|   |                                      |                                 |
|   |                                      |                                 |
| Enter new mailing address, if applicable:   | <del> </del>                         |                                 |
| (Mailing address MAY BE A POST OFFICE BOX)  |                                      |                                 |
|   |                                      |                                 |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | e address on our records, <u>ent</u> | er the name of the new reg      |
| Name of New Registered Agent: SAME  |                                      |                                 |
| New Registered Office Address:  |                                      |                                 |
|   | Enter Florida street addi            | ress                            |
|   |                                      | 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 wi 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 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.

### or removed from our records:

## MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>               | Address                 | Type of A      |
|--------------|---------------------------|-------------------------|----------------|
| AMBR         | SILVANIA C LETTE LOUREIRO | 14747 WINTER STAY DRIVE | □Add           |
|              |                           | WINTER GARDEN FL 34787  | <b>≡</b> Remov |
|              |                           |                         | Change         |
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| II AI   | nending any other information, enter change(s) here: (Attach additional sheets, if necessary.) REMOVE AMBR SILVANIA                |
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| Note    | ctive date, if other than the date of filing:  |
| the rec | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after tilled. |
| Date    | d AUGUST 27 . 2021   |
|         |  |
|         | Signature of a member of authorized representative of a member   |
|         | US BUSINESS TECHNOLOGY LLC   |