

11/8/24, 11:44 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ATHENA BUSINESS AND TAX ADVISORS LLC
Account Number : I20230000123
Phone : (407)777-2501
Fax Number : (407)777-2502

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: mmamga@athenataxadvisors.com

2024 NOV -8 PM 5:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
YOU WANT FASHION LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

NOV 12 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: YOU WANT FASHION LLC
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:

ANDREIA GUIMARAES
Name of Person
ATHENA BUSINESS AND TAX ADVISORS LLC
Firm/Company
7680 UNIVERSAL BLVD STE 100
Address
ORLANDO, FL 32819
City/State and Zip Code
manager@athenataxadvisors.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREIA GUIMARAES
at (407) 777-2501
Name of Person Area Code Daytime 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 Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

YOU WANT FASHION LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/15/2020 and assigned
Florida document number L20000288761.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MILTTI LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1613 ILLINOIS ST APT 02

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO, FL 32803

Enter new mailing address, if applicable:

1613 ILLINOIS ST APT 02

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO, FL 32803

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------------|-------------------------|--|
| AMBR | GUIMARAES, MILTON M | 1613 ILLINOIS ST APT 02 | <input type="checkbox"/> Add |
| | | ORLANDO, FL 32803 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Correct Authorized Person's name from GUIMARAES, MILTON M to MENIQUETTI GUIMARAES, MILTON

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 record is filed.

Dated NOVEMBER 8, 2024

Signature of a member or authorized representative of a member

MILTON MENIQUETTI GUIMARAES

Typed or printed name of signer