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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: manager (a) athenotax advisor. com

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

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K. SALY

NOV 12 2024

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## **COVER LETTER**

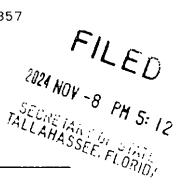
	gistration Se ision of Cor					
SUBJECT:	YOU WANT FASHION LLC					
SUBJECT.		Name of Lin	nited Liability Company			
The enclosed	d Articles of a	Amendment and fec(s) are sub	emitted for filing.			
Please return	all correspon	ndence concerning this matter	to the following:			
		ANDREIA GUIMARAES	3			
			Name of Person			
	ATHENA BUSINESS AND TAX ADVISORS LLC					
	Firm/Company					
	7680 UNIVERSAL BLVD STE 100					
	Address					
	ORLANDO, FL 32819					
		<del></del>	City/State and Zip Code			
		manager@athenataxadvisor				
		E-mail address: (	to be used for future annual report not	ification)		
For further in	nformation co	oncerning this matter, please c	all:			
ANDREIA GUIMARAES		407 777-2501 8t ( )				
	Name of	Person		ne Telephone Number		
Enclosed is a	a check for th	e following amount:				
<b>■ \$25.00</b> F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	<ul> <li>\$55.00 Filing Fee &amp; Certified Copy (additional copy is enclosed)</li> </ul>	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mai	iling Address	<b>9</b>	Street Address:			

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



YOU WANT FASHION LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 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." 1613 ILLINOIS ST APT 02 Enter new principal offices address, if applicable: ORLANDO, FL 32803 (Principal office address MUST BE A STREET ADDRESS) 1613 ILLINOIS ST APT 02 Enter new mailing address, if applicable: ORLANDO, FL 32803 (Mailing address MAY BE A POST OFFICE BOX) 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

## 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.

City

, Fiorida

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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>	Address	Type of Action
AMBR	GUIMARAES, MILTON M	1613 ILLINOIS ST APT 02	
		ORLANDO, FL 32803	Петюvе
			■Change
		<del></del>	□Add
			□Remove
<u></u>			Change SA HO
			Silve Day
			Detailinge 2
			□Remove
			Change
<del></del>	<del></del>		□Add
			Remove
			□Change
			□Add
			☐ Change

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 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. **NOVEMBER 8** 2024 Dated Signature of a member of authorized representative of a member MILTON MENIQUETTI GUIMARAES Typed or printed name of signee

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