# 12000312570

(Requestor's Name)
(Address)
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(Document Number)
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## Sunshine State Corporate Compliance Company

## 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 10/20/2020		
		**WALK IN**
ENTITY NAME CHARIM	IIMACOLLECTIONSTORE.COM LLC	<del></del>
DOCUMENT NUMBER		
	**PLEASE FILE THE ATTACHED AND RETURN**	
xxxx	Plain Copy	
	Certified Copy	
	Certificate of Status	
-		<del></del>
**P	LEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENT	7/74**
	Certified Copy of Arts & Amendments	
	Certificate of Good Standing	
	**APOSTILLE' / NOTARIAL CERTIFICATION**	<b>t</b>
COUNTRY OF DESTINATI	SON	
NUMBER OF CERTIFICAT		
TOTAL OWED \$25.00	ACCOUNT #: I20	160000072
		No.
Please call Tina at th	e above number for any issues or concerns. The	ank you so much!

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHARIMIMACOLLECTIONSTORE.COM LLC			
( <u>Name o</u> f the <u>Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)		
The Articles of Organization for this Limited Liability Comp	any were filed on 10-05-2020	and assig	ned
Florida document number L20000312570			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited l</u>	liability company here:		
CHARISSA LUXE COLLECTION LLC			
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" o	or the abbreviation "L.L.	<del></del>
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS	<u> </u>	7020	
			11
		720	
Enter new mailing address, if applicable:		65 <sup>-7</sup> 1	
Mailing address MAY BE A POST OFFICE BOX)			
		77 F	
		<u> </u>	
3. If amending the registered agent and/or registered egistered agent and/or the new registered office address because	l office address on our records, phere:	enter the name of	the
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Flori	da	
<del></del>	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 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 Type of Action Address Title <u>Name</u> □ Add \_□ Remove \_ Change □ Add \_□ Remove ☐ Change □ Add 2020 **,⊜**Add 42 ☐ Remove \_□ Change \_□ Add \_□ Remove \_\_ 🗆 Change \_□ Add ☐ Remove \_□ Change

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ective date, if other than	the date of filing:	(optional)
reffective date is listed, the date <u>te:</u> If the date inscried in thi	must be specific and cannot be prior to date of filing or s block does not meet the applicable statutory fil e Department of State's records.	r more than 90 days after filing.) Pursuant to 605,0
record specifies a dela he 90th day after the	yed effective date, but not an effective record is filed.	e time, at 12:01 a.m. on the earlier
10-15 .ed	2020	
6/14/101- 0	LAUDE SEJOUR CHARLES	

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Typed or printed name of signee

Filing Fee: \$25.00