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A. RIVERS



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COVER LETTER

Registration Section Division of Corporations

TO:

UBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fce(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Bransheena Williams		
	-	Name of Person	
		Firm/Company	
	3371 NW 9th Court		
	Fort Lauderdale Fl, 33311	Address	
		City/State and Zip Code	
	breetp@gmail.com		
		to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
Bransheena Williams		954 279-8927 at ()_	
Name o	f Person	Area Code Daytir	me Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	s <u>s:</u> Section	Street Address: Registration So	ection

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ineffable Clothing 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 $\frac{12/23}{2020}$ and assigned Florida document number _____L21000003988 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 3371 NW 9th Court Fort Lauderdale FL 33311 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 3371 NW 9th Court Fort Lauderdale FL 33311 Enter new mailing address, if applicable: (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:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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

Enter Florida street address

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
			□Add
			□Remove
			□Change
			□Remove
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			□Change
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			□Remove
			□Change

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