L21000023174

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amend/ Name Change

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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	sor: Future Fashim LLC
	Name of Limited Liability Company
The end	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Kaymin Eroks Name of Person
	FLITTIR FCISMION Firm/Company
F	FINCIPUL # 1901 419 St N StE 400 St. Peterslang F1 33702
ļ	Principal # 1901 419 Pt N Ste 400 St. Petersland, F1 33702 Mailing 7 3519 Coral Springs dr Coral Springs F1 33069
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
Ya	E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call: A Mame of Person at 154 249 - 1365 Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:
X \$2.	5,00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status \$\Bigcup \$certified Copy (additional copy is enclosed) 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

FIHURE Fashion LLC	
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>1.2 1000023174</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
Mad Da David II a	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	75 2 7
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3519 Caral springs of 33065
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre	ee to act in this capacity. I further agree to comply with the

If Changing Registered Agent, Signature of New Registered Agent

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 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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□∧dd
			□Remove
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(If an effect Note: If	e date, if other tive date is listed, the the date inserted at's effective date	he date must be spe l in this block do	ecific and ca es not mee	innot be prior to et the applical	o date of filing of	or more than 90	(optiona days after filinents, this da	ig.) Pursuant to 6	05.0207 (isted as t
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Dated	5/27		······································	2024	- ·	ſ			
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