L21000032282

(Requ	estor's Name)	
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Certified Copies	Certificates	of Status
Special Instructions to Fil	ing Officer:	
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Office Use Only

COVER LETTER

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TO: Registration Se Division of Cor					
CLD IEZT.	SWIMWEAR COMPANY L	-C -	•		
SUBJECT:	Name of Lin	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing			
	ndence concerning this matter	-			
	OLGA RAMOS				
	<u></u>	Name of Person			
	FREEDOM TAX SERVIC	JES			
		Firm/Company			
	12355 COLLIER BLVD S	те н			
		Address			
	NAPLES FLORIDA 3411	6			
		City/State and Zip Code			
	OLGARAMOS0524@GM				
		to be used for future annual report no	tification)		
For further information c	oncerning this matter, please ea	all:			
OLGA RAMOS		239 4556011 at ()			
Name o	ÉPerson		ne Telephone Number		
Enclosed is a check for th	ne following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres Registration S		<u>Street Address:</u> Registration Sc	ection		
Division of C			Registration Section Division of Corporations		
P.O. Box 632		The Centre of '	Tallahassee		
Tallahassee, I	rt. 32314	2415 N. Monro	oe Street, Suite 810		

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CILLI CONTARY OF STATE DIVISION OF CORPORATIONS

EVIL EYE SWIMWEAR CO LLC	21 MAR 2.	2 . 触目: 04	
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)		
The Articles of Organization for this Limited Liability Comp Florida document number <u>121000032282</u> .	any were filed on <u>JANUARY</u> 14,2021	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited l</u>	iability company here:		
The new name must be distinguishable and contain the words "Limited I	iability Company," the designation "LLC" or the abbrev	iation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	2		
Enter new mailing address, if applicable:	2545 37TH AVE NE		
(Mailing address MAY BE A POST OFFICE BOX)	NAPLES FLORIDA 34120		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	ce address on our records, <u>enter the name o</u> Enter Florida street address	the new registered	
<u> </u>	Florida		
	City	Sip Code	

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

ι,

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

1

MGR = Manager AMBR = Authorized Member			EREED S. CHENARY OF STATE AVISION OF CORFORMATION?		
<u>Title</u>	Name	Address	21 MAR 22	MII: O <u>trype of Action</u>	
AMBR	RICARDO BLANCO	2545 37TH AVE NE		🖸 Add	
		NAPLES FLORIDA 34	120		
				□Change	
<u>-</u>				□Add	
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)* is state OVISION OF CORPORATION

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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.

MARCH 13 ated	2021
Ka	Hia Much Signature of a member
KATTIA JIMENEZ	
	Typed of printed name of signee