## KZ1000033574

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## **COVER LETTER**

TO:

TO: Registration Se Division of Cor			
	FASHION EXPORT LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ARIS I SALCEDO		
		Name of Person	
	SALCEDO FASHION EX	PORT LLC	
		Firm/Company	
	PO BOX 56834		
		Address	
	JACKSONVILLE, FL 322	41	
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report noti	fication)
For further information of	concerning this matter, please co	all:	
ARIS I SALCEDO		786 695-8151 at ()	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &- Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	etion
Tallahassee, FL 32314			e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SALCEDO FASHION EXPORT			
(Name of the Lim	ited Linbility Comp (A Florida Limited	any as it now appears on our records. Liability Company)	)
The Articles of Organization for this Limited	Liability Compan	y were filed on 01/15/2021	and assigned
Florida document number L21000033574	······································		
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited lia	bility company here:	
The new name must be distinguishable and contain the	words "Limited Liab	oility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)	<u> </u>	SALCEDO FASHION EXPORT PO BOX 56834	r llc
		JACKSONVILLE, FL 32241	
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:		address on our records, <u>enter t</u>	he name of the new register
	3520 NW 79 S	STR FFT	A Ballister
New Registered Office Address:	3320 (111 77 )	Enter Florida street address	
	MIAMI	Flor	rida 33147
		City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent	:	n3

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

<u>Title</u>	Name	Address	Type of Action
MGR	ARIS I SALCEDO	3520 NW STREET	□ Add
		MIAMI, FL 33147	□Remove
			<b>=</b> Change
			□Add
			□Remove
			Change
<del></del>			🗆 Add
			□Remove
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			Change

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