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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PROFESSIONAL TAX PREPARATION LLC

Account Number : I20210000081 Phone : (407)933-4211 Fax Number : (407)679-0387

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Cm-il	Address:	
CINGLE	Auul Caa.	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LYME FASHION LLC

Certificate of Status	1
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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LYME FASHION LLC

(Name of the Limited Liability Company as it now appears on our records.)

· · · · · · · · · · · · · · · · · · ·	ns it now appears on our records.) bility Company)	33 (O)	な
The Articles of Organization for this Limited Liability Company w	ere filed on 01-28-2021	and assigned_	: 06
The Articles of Organization for this Limited Linding Company w	ere med on		•
Florida document number 1.21000052038			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company here:		
LYNE FASHION LLC		at - Aboutation "I I C"	
LYNE FASHION LLC The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC"	or the appreviation D.L.C.	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			<u>red</u>
(Mailing address MAY BE A POST OFFICE BOX)			-
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 registe	ered
R. If amending the registered agent and/or registered office a	ddress on our records, <u>enter</u>	the name of the new registe	red
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:			ered
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida street addres	is	-
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida street addres		-
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida street addres , Fl	is	<u>-</u> -

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>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			Change
			□Add
			□Remove
			Change
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Trom Ime Fashion LLC to	
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pu Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wil document's effective date on the Department of State's records.	irsuant to 605.0207 (3) If not be listed as the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 9	Oth day after the
the record specifies a delayed effective date, but not an effective time, in 15.07 sum of second second is filed.	
Dated ULY 15 2021	
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