# L21000097180

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## **COVER LETTER**

#### Registration Section · (): **Division of Corporations**

UBJECT:	Name of Limit	ed Liability Company	<del></del>
he enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
e ise return all correspo	ondence concerning this matter to	o the following:	
	EDWARD DENIGRIS		
		Name of Person	
		Firm/Company	
	11000 SW 104 ST #160551		
		Address	
	MIAMI FL 33116		
		City/State and Zip Code	
	EDDENIGRIS@GMAIL.CO		42 - 13 - 13 - 13 - 13 - 13 - 13 - 13 - 1
		o be used for future annual report not	meation)
or further information of	concerning this matter, please ca	all:	
DWARD DENIGRIS		at () Area Code Daytin	
Name (	of Person	Area Code Daytin	ne Telephone Number
actosed is a check for t	the following amount:		
€ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional 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

NO PLANNS.CLOTHING LLC			AHA	
(Name of the Limi	ted Liability Compa (A Florida Limited)	ny as it now appears on our r Liability Company)	ecords.) SEC. 5	
The Articles of Organization for this Limited L Florida document number L21000097180		were filed on 02/27/2021	ecords.)  SEE FLOAT Sand assigned  10 10 10 10 10 10 10 10 10 10 10 10 10 1	
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here:		
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applic		9261 SW 147TH ST		• •
(Principal office address MUST BE A STREE		MIAMI FLORIDA 33176	,	
Enter new mailing address, if applicable:		9261 SW 147TH ST		
enter new maining address, it applicable. (Mailing <u>address MAY BE A POST OFFICE</u>	BOX)	MIAMI FL 33176		
	<del></del>			
B. If amending the registered agent and/or in agent and/or the new registered office addre		address on our records, <u>e</u>	nter the name of the new register	<u>e</u>
Name of New Registered Agent:	EDWARD A D	DENIGRIS		
New Registered Office Address:	9261 SW 147T	H ST		
		Enter Florida street c	nddress	
	MIAMI		_, Florida 33176	
		City	Zin Code	

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

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>	<u>Name</u>	Address	Type of Action
AMBR	EDWARD A DENIGRIS	9261 SW 147TH ST	<b>=</b> Add
		MIAMI FLORIDA 33176	
· ·			Change
MGR	EDWARD DENIGRIS	11000 SW 104 ST #160551	
		MIAMI FL 33116	■Remove
			Change
	<del></del>		□Add
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			□Change

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Effective date, if other than the date of filing:    Goptional   Goptional		
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