

L21000097180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

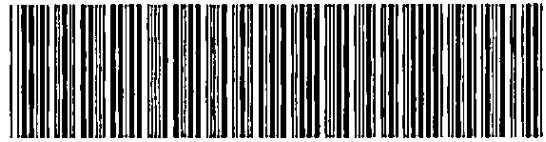
(Business Entity Name)

(Document Number)

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05/06/21--01018--012 **25.00

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2021 MAY -6 PM 2:42

FILED

JUN 1 '9 2021
S. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NO PLANN.S.CLOTHING LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to 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.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDWARD DENIGRIS at (305) 318-1653
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for 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 (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**

NO PLANNS.CLOTHING LLC

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

FILED
2021 MAY -6 PM 3:42
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/27/2021 and assigned
Florida document number L21000097180.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

9261 SW 147TH ST

(Principal office address MUST BE A STREET ADDRESS)

MIAMI FLORIDA 33176

Enter new mailing address, if applicable:

9261 SW 147TH ST

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI FL 33176

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

EDWARD A DENIGRIS

New Registered Office Address:

9261 SW 147TH ST

Enter Florida street address

MIAMI

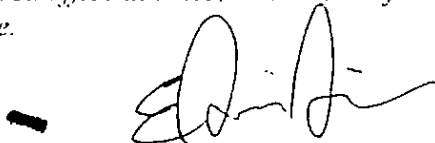
City

Florida 33176

Zip 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	EDWARD A DENIGRIS	9261 SW 147TH ST	<input checked="" type="checkbox"/> Add
		MIAMI FLORIDA 33176	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	EDWARD DENIGRIS	11000 SW 104 ST #160551	<input type="checkbox"/> Add
		MIAMI FL 33116	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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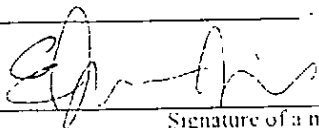
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Lined area for amending information.

E. Effective date, if other than the date of filing: 02/27/2021 (optional)
(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.) Pursuant to 605.0207 (3)(b)
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.

Dated 05/03 2021


Signature of a member or authorized representative of a member

EDWARD A DENIGRIS
Typed or printed name of signer

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
2021 MAY -6 PM 2:12