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COVER LETTER

Division of Cor			
SUBJECT: NUO	i FOSHION L 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:	
	Jennifer P	Name of Person	
		Firm/Company	
	575 GOIF	COURCE BIVE	
	JANNIFERMIC B-mail address: (F1 33054 City/State and Zip Code MENICACTOR to be used for firture annual report noti	CMAIL COM
For further information c	oncerning this matter, please ca	all:	
Jennifer Name o	Carcia r Person	at (954) Area Code Daytim	E Telephone Number
Enclosed is a check for the	ne following amount:		
☑ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 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

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nun tashio LL	ompany as it now appears on our records)
(A Florida Lin	ompany as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Complete Horida document number <u>L2100133i14</u>	pany were filed on <u>03/22/2021</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here: Liability Company." the designation "LLC" or the abbreviation "L.L.C."
the new name must be distinguishable and contain the words. Elimited	Liability Company. the designation LLC of the appreviation E.C.C.
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES)	Opa locka Fi 33074
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, enter the name of the new registered
Name of New Registered Agent:	 _
New Registered Office Address: 575	Enter Florida street address
029	City: , Florida 33(55)

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 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

Title	Name	Address	Type of Action
AMBR	Jannifer Garcia	575 GOIF WURSE BIND	E Add
		975 GOIF COURSE BIND	□Remove
			□Change
			□Add
			🗆 Remove
			□Change
			□Add
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an effe <u>ote:</u> I	the date, if other than the date of filing:
ecord is file	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 d.
ated	August 10 . 2021
-	\tilde{A}
-	
<u>-</u>	Signature of a member or authorized representative of a member CIVCIO Typed or printed name of signers