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(Re	equestor's Name)	
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Y. SCOTT
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## **COVER LETTER**

FO: Registration Sec Division of Corp			
SUBJECT: VIO	rage Vixer	Sharewear.	LLC
	Name of Lim	ited Liability Company	
eri		and the second of	
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Max Sano	Name of Person	
	<u></u>	Firm/Company	
	10110 - 11		SECRETARY OF STATE TALLAHASSEE, FL
	18430 MG	U ZIST Arc	TAR LES
		Address	21 HAY HAY
	Miami Gran	den , FL 330	SSE PE
		City/State and Zip Code	E, F
	maxs assix	on Serret 1050	
	`	•	cauon)
or further information co	ncerning this matter, please ca	nll:	
Max Son	odra huriu	3 1754423-	0308
Name of			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 Se		Street Address: Registration Sec	tion
Division of Co		Division of Corp	
P.O. Box 6327		The Centre of Ta	allahassee
Tallahassee, F	L 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

vivitage Vixen	) Marcuea	
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on ited Liability Company)	our records.)
·	, , , , , ,	
The Articles of Organization for this Limited Liability Comp		~ 7 , 202] and assigned
Florida document number 121000161	466	
<del></del>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Vixen Secret Close	+, LLC	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	 S)	
	<u></u>	
	-	-
Enter new mailing address, if applicable:	<del></del>	· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off	fice address on our recor	ds, enter the name of the new registere
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
New registered Office Address.	Enter Florida si	reet address
		Florida
	Ciţy	, Florida Zip Code

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

NE

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
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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
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tive date, if other than the date of filing:	(6	optional)
ffective date is listed, the date must be specific and cannot be prior to c  If the date inserted in this block does not meet the applicable	date of filing or more than 90 days	after filing.) Pursuant to 605
ment's effective date on the Department of State's records.		
cord specifies a delayed effective date, but not a	an effective time, at 12:0	01 a.m. on the earlie
e 90th day after the record is filed.		
3/16/22	.•	
Aby Sound Aug		
Signature of a member or authoriz	ed representative of a member	
f 1 ~		