## K21000147783

(Re	questor's Name)	
(Add	dress)	·
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nar	ne)
(Document Number)		
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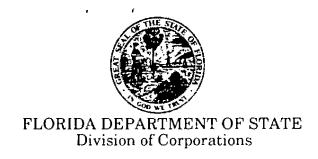


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21 OCT 18 PH 2: 25

T. MATTHEWS OCT 28 2021



2021 CCT 18 PM 1:41

August 18, 2021

ARIYANA MUHAMMAD 4214 SW 23RD ST WEST PARK, FL 33023

SUBJECT: 7ND19O CLOTHING LLC

Ref. Number: L21000167783

We have received your document for 7ND19O CLOTHING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews OPS

Letter Number: 821A00019786

www.sunbiz.org

## **COVER LETTER**

TO:

Registration Section

Division of Co	rporations				
	lothing, LLC				
SUBJECT: Name of Limited 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:			
	Ariyana Muhammad				
	Name of Person				
	7ND19O Clothing, LLC				
		Firm/Company			
	4214 SW 23rd Street				
		Address			
	West Park, Florida 33023				
		City/State and Zip Code			
	7nd19o@gmail.com				
	E-mail address: (	to be used for future annual report no	tification)		
For further information	concerning this matter, please c	all:			
Ariyana Muhammad		754 260 0046			
Name	of Person	Area Code Daytin	me Telephone Number		
Enclosed is a check for t	the following amount:				
2 \$25.00 Filing Fee	■ \$30.00 Filing Fee &	☐ \$55.00 Filing Fec &	<b>■ \$60.00</b> Filing Fee,		
Д 325.00 I IIII д Гес	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addre		Street Address:			
Registration Section		Registration Section Division of Corporations			
Division of Corporations P.O. Box 6327		The Centre of Tallahassee			
Tallahassee,			oe Street, Suite 810		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 OCT 19 PH 2: 25

(Name of the Limited Liabi (A Florid	lity Company as it now appears on ou da Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Florida document number L21000167783	Company were filed on $\frac{04/12/202}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		s, enter the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	eet address
		, Florida
	City	Zip Code

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

7ND19O Clothing,LLC

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 = M $AMBR = A$	anager uthorized Member	Address 21 007 18 PM 2: 25	
<u>Title</u>	<u>Name</u>	Address 21 007 18 PM 2: 25	Type of Action
MGR	Ariyana Muhammad	4214 SW 23rd Street	
		West Park, Florida 33023	□Remove
			Change
			□Add
			□ Remove
			□ Change
			□Remove
			□Change
			□ Add
			□Remove
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<del></del>			□Add
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\_\_\_\_\_ □Change

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	(optional) o date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)( ble statutory filing requirements, this date will not be listed as the
record specifies a delayed effective date, but not an effective tin I is filed.	ne, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated 10 /13 /2021	
Signature of a member or author	ized representative of a member
	1
Arivana Muhar	nmacl Iname of signee