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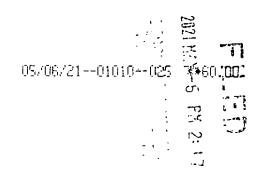
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(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status

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COVER LETTER

TO: Registration Se Division of Cor					
	Tun/	Jothina 166			
SUBJECT:	Name of Lim	C-lothing LLC ited Liability Company	· · · · · · · · · · · · · · · · · · ·		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	J	imps Moise	-,		
		Name of Person			
		Firm/Company		2021 HAY	****
	3511 NI	N 66 AVE Address	· · ·	1	e
		Address	·	TO 2	,
	Hollywo	oud FL 3302 City/State and Zip Code	/		1 _{ma} 3.5
		·	' 1		
	E-mail address: (to be used for future annual report noti	fication)		
For further information c	oncerning this matter, please c				
	-	at (<u>954) 243</u> Area Code Daytim	2902 e Telephone Number	_	
		·			
Enclosed is a check for the	he following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing F Certificate of S Certified Copy (additional copy is	Status &	1
		Stanus Addingun			

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

	/(<u>, CC</u>	
(Name of the Limited Liability (A Florida	y Company as it now appears Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Co	ompany were filed on	Deil 19, 20.	2/ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit			,.
The new name must be distinguishable and contain the words "Limit	CIOFFING 15 ted Liability Company," the de	signation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			(5)
(Principal office address MUST BE A STREET ADDR	<u> </u>		202
		· ,	7 T
Enter new mailing address, if applicable:		<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)			2 23
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our re	cords, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:		_	
New Registered Office Address:	Enter Flori	da street address	
		Florida	
	City		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 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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			□Remove
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