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C. BRUMBLEY FEB 1 8 2022

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	RaiVis	h LLC	•
	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Can	dace Hills	
		Name of Person	
		Firm/Company	
	(D)	· ·	Rivid Stations
		1 DIS CAYNE Address	BIVd. Ste#1323
	Mia	MI FT 331100	
	allthingsr	MI FT 33160 City/State and Zip Code OVISH @ MOULT to be used for future annual report not	· Com
For further information	concerning this matter, please c		incation)
	•		101.07
Name	of Person	at (<u>184)</u> <u>223</u> Area Code Daytir	ne Telephone Number
Enclosed is a check for	the following amount:		
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
P.O. Box 63	Section Corporations 27	Street Address: Registration So Division of Co The Centre of	orporations Tallahassee
Tallahassee	, FL 32314	2415 N. Monro Tallahassee, F	oe Street, Suite 810 L 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ka'Vish LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on May 7, 2021 and assigned Horida document number <u>L 2/0002/416</u> +
his amendment is submitted to amend the following:
No. If amending name, <u>enter the new name of the limited liability company here</u> : Ravish Couture LLC
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:
Principal office address MUST BE A STREET ADDRESS)
——————————————————————————————————————
Inter new mailing address, if applicable:
Mailing address MAY BE A POST OFFICE BOX)
3. If amending the registered agent and/or registered office address on our records, enter the name of the new registere gent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street oddress
City Zip Code
New Registered Agent's Signature, if changing Registered Agent:
hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with th 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized Member	

<u>Title</u>	Name	Address	Type of Action
			□Add
			EJRemove
			□Change
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(If an effe Note:	ve date, if other than the date of filing:
ne record ord is fil	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 ed.
Dated .	February 02 2022.
	Signature of a member or furtherized representative of a member
	Candace Hills

Filing Fee: \$25.00