# 121000354265

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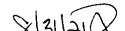
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## **COVER LETTER**

:O:	Registration Se Division of Cor				
SUBJEC		Fies and Accessories, LLC	*		
OBJEC	Name of Limited Liability Company				
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
lease re	eturn all correspo	ndence concerning this matter	to the following:		
		Michelle Chapman			
			Name of Person		
		Michelle's Ties and Access	sories, LLC		
Firm/Company					
		1000 Pecan Ave			
			Address		
		Punta Gorda, FL 33950			
			City/State and Zip Code	<u> </u>	
		mchpmn@hotmail.com		*	
			to be used for future annual report noti	fication)	
or furth	er information co	oncerning this matter, please ea	aH:		
Michelle	: Chapman	(M)	941 421-6252 at ()		
	Name of	Person		e Telephone Number	
Enclosed	l is a check for th	e following amount:			
□ \$25.0	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 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

Michelle's Ties and Accessories, LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appears on our records.) inted Liability Company)	
the Articles of Organization for this Limited Liability Com	pany were filed on 08/06/2021	and assigned
lorida document number L21000354265		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	l liability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u></u>	
nter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
Mailing address MAY BE A POST OFFICE BOX)		
		<del></del>
		1752 177
. If amending the registered agent and/or registered of	fice address on our records, <u>enter the na</u>	me of the new regist
ent and/or the new registered office address here:		; ;
		ا دری
Name of New Registered Agent:		
New Registered Office Address:		11 17
<del>-</del>	Enter Florida street address	09
·	, 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 Changing Registered Agent, Signature of New Registered Agent

f amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added\_r removed from our records</u>:

### AGR = Manager AMBR = Authorized Member

<u> Fitle</u>	Name	Address	Type of Action
AMBR	Michelle Chapman	1000 Pecan Ave	
		Punta Gorda, FL 33950	□Remove
			□Change
<u></u>		<del></del>	□ Add
			□Remove
			□ Change
	<del></del>		□Add
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an effecti lote: If t	date, if other than the date of filing:
record sp Lis filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	Aug 20 .2021.
	Signature of a member or authorized representative of a member