

L21 000367841

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

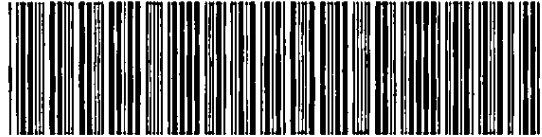
(Business Entity Name)

(Document Number)

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09/24/2021  
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2021 SEP 16 PM 1:22  
SECRETARY OF STATE  
TALLAHASSEE, FL 32310

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

Emy Fit Fashion  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Emely Weardon  
Name of Person

Firm/Company

3020 NE 41 ST TR Suite #108  
Address

Homestead, Florida 33033  
City/State and Zip Code

Emy Fit. Fashion@gmail.com  
E-mail/address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Emely Weardon  
Name of Person

at (305)  
Area Code

323-8721  
Daytime 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 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

FILED

2021 SEP 16 PM 1:22

Emy Fit Fashion  
(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on Aug - 20 - 2021 and assigned  
Florida document number L21000367841.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Emy Fit Fashion  
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

3020 NE 41st Ter Suite #108  
Homestead Florida 33033

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

3020 NE 41st Ter Suite #108  
Homestead Florida 33033

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida 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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Emely Weardon	3020 NE 41st Suite #108	<input checked="" type="checkbox"/> Add
		Homestead Florida	<input type="checkbox"/> Remove
		33033	<input type="checkbox"/> Change
AMBR	Emely Weardon	3020 NE 41st Suite #108	<input checked="" type="checkbox"/> Add
		Homestead Florida 33033	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

Please removed the address starting 2560 SE 7 PL  
removed please — Homestead FL 33032

My address is: 3020 NE 41 st Suite #108  
Homestead Florida 33033

My Authorized Person is: Emily Weardon  
3020 NE 41 st Suite #108  
Homestead Florida 33033

Please deleted, removed from Sun Biz this:  
2560 SE 7 PL  
Homestead FL 33033

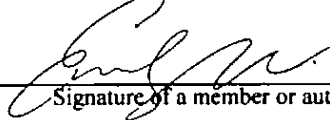
**E. Effective date, if other than the date of filing: Immediately (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated September 10, 2021.



Signature of a member or authorized representative of a member

Emily Weardon  
Typed or printed name of signee