## L21000416335

(Requestor's Name)
_
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Chary Warne)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

900415967779

09/22/23--01012--002 \*\*30.00

2028 SE1 22 Rt 3: 4

A. RIVERS 0CT 0 7 2023

## **COVER LETTER**

	gistration Se vision of Cor			
om mer		NO CUSTOM CLOTHIER LL	С	
SUBJECT		Name of Lim	ited Liability Company	<del></del>
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		LIRIANO, HENRY M		
			Name of Person	
	HI. LIRIANO CUSTOM CLOTHIER LLC  Firm/Company  2474 MISTY WATER DR E			
			Firm/Company	
			Address	· <del></del>
		JACKSONVILLE, FL 322	246	
For further	information c	hand address: (	City/State and Zip Code  C (1 S 7 14 (2) C/4(3) to be used for future annual report notificall:	heation)
HENRY L		,	414 4609652	
Name of Person		at ()		
Enclosed is	a check for th	ne following amount:		
<b>□ \$</b> 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)
Re	ailing Addres	Section	<u>Street Address:</u> Registration Sec	
		orporations	Division of Cor	
	O. Box 632 Illahassee, I		The Centre of T	attanassee e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HENRY LIRIANO ALTERATIONS, LLC		
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability (	Company were filed on 09/21/2021	and assigned
Florida document number 1.21000416335	<del></del> -	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
HL LIRIANO CUSTOM CLOTHIER LLC		
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		2
		123
B. If amending the registered agent and/or registered	ed office address on our records, <u>enter th</u>	e name of the new registere
agent and/or the new registered office address here:		
		, , ,
Name of New Registered Agent:		<u>P.</u> .
New Registered Office Address:		a ·
New Registres Office Address.	Enter Florida street address	2 5
	, Flori	ida
	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>	Name	Address	Type of Action
			□ Add
			☐ Remove
			□Change
			□ Remove
			□ Change
			Remove
			□Change
			□Add
			□ Remove
			Change
	<del></del>	<del></del>	□Add
			□Remove
			☐Change
			□Add
			□Remove
			Channe

		···			
			<del>-</del>		
				<u>-</u>	
-					
<u></u>					
	_				
<del></del>					
					<del></del>
-					
		<u></u>	***		<del></del>
Effective date, if other than the dif an effective date is listed, the date must b	ite of filing: e specific and canno	19/2023	filing or more than 90	(optional) days after filing.) Purs	uant to 605.020°
Note: If the date inserted in this bloc document's effective date on the Dep.	c does not meet th	ne applicable statu	nory filing requiren	nents, this date will i	not be listed as
e record specifies a delayed effective or d is filed.	ate, but not an efl	fective time, at 12	:01 a.m. on the ear	ier of: (b) The 90t	h day after the
SEPTEMBER 19 Dated	202	23			
,					
	HE TOWN	/	resentative of a memb		

Filing Fee: \$25.00