# 121000417936

(Re	equestor's Name)	
(* ···		
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #	)
	WAIT	MAIL
(Bເ	usiness Entity Name)	)
(De	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
	Office Use Only	

t



11/02/21--01008--003 \*\*25.00

61 at the 2 - 1.2 199 5 .

A. RIVERS

## **COVER LETTER**

#### TO: Registration Section Division of Corporations

SUBJECT: \_\_\_\_\_

.

Fashioning Management LLC

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:

Sonia Becerra

Name of Person

Swyft Filings

Firm/Company

3 Greenway Plaza #1320

Address

Houston, TX 77046

City/State and Zip Code

in@fashioning-group.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sonia Becerra	at ( 877 )	777-0450
Name of Person	Area Code	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) S60.00 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 <u>Street Address:</u> 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

Fashioning	Management LLC	_	
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears ted Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Comp.	any were filed on	09/21/2021	and assigned
Florida document number <u>L21000417936</u> .			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited l</u>	liability company he	<u>re</u> :	
FASHIONING MAN	AGEMENT LLC		
The new name must be distinguishable and contain the words "Limited L	iability Company," the de	signation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offi	ce address on our re	cords, <u>enter the nan</u>	ne of the new registere
agent and/or the new registered office address here:			
Name of New Registered Agent:		<u></u>	
Marco Doministrated OPEn St. Video St.			
New Registered Office Address:	Enter Flori	da street address	
			ی دی د میلید ا
	City	Florida	Zip Code
New Registered Agent's Signature, if changing Registered Age	•		
	·		• • • • • • • • • • • • • • • • • • • •

Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree tree comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familitar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or; if this clocument is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

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

### MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	FASHIONING GROUP LIMITED	701 BRICKELL KEY BLVD, UNIT 503	🗆 Add
		MIAMI, FL 33131	!ŽiRemove
		<u></u>	□Change
AMBR	Ivan Herjavec	701 BRICKELL KEY BLVD, UNIT 503	iXtAdd
		MIAMI, FL 33131	🛛 Remove
			□Change
			🗆 Add
			🗆 Remove
		□Change	
			🖸 Add
			□Remove
			□Change
			🖸 Add
			□Remove
			⊂Change
			□Add

. .

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

		 	· · · · ·	
·		 		_
		 <u>.</u>		
	 	· · · · · · · · · · · · · · · · · · ·		
	 -	 ·		
	 	 	<u> </u>	
	 ·	 		

E. Effective date, if other than the date of filing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(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 OC	TOBER 15 2021	
X	Signature of a member or authorized representative of a member	-
	IVAN HERJAVEC	
	Typed or printed name of signee	•