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COVER LETTER

COVERLETTER
YO: Registration Section Division of Corporations
SUBJECT: LIVINGLAUISH 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:
Savion R. Denmark
Living Lavish Clothing
7713 Aviano Avenue
Orlando/Florida 32819 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Savion R. Denmark at (321) 3108 - 2718 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
[] \$25.00 Eiling For
Certificate of Status Certificate of Status Certificate of Status 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

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

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2 1000 Hb2Z14</u> This amendment is submitted to amend the following:	JUL 20 R
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	7713 Avidno Avenue Orlando, FL 32819
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	7713 AVICINO AVENUE Oxfondo, FL 32819
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Ziv 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 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
AMBR	Latakeisha Swift	7713 Avigno Avenue	□Add
		7713 Aviano Avenue 32819 Orlando, FL	BRemove
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			□Add
			
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ective date, if other than effective date is listed, the date	i n the date of filln ate must be specific and	d cannot be prior to da	te of filing or more tha	(optional) in 90 days after filing.	Pursuant to 605.020
te: If the date inserted in the tument's effective date on			statutory filing requ	irements, this date	will not be listed a
					27
cord specifies a delayed e	ffective date, but no	t an effective time.	at 12:01 a.m. on the	e earlier of: (b) Th	e 90th day after the
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is filed.	Signature of a	, 2022 ——————————————————————————————————	I representative of a n	nember	राइ च