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TALLAHASSEE, FLORIDA

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COVER LETTER

	Registration Se Division of Cor				
SUBJEC	CLAIR DE	SOLEIL CLOTHES LLC	;		
		Name of Lim	ited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	turn all correspo	ndence concerning this matter	to the following:		
		Paola C Cardenas			
			Name of Person		
		Tax Care Orlando			
			Firm/Company		
	12701 S John Young Pkwy Suite 216 Address				
		Orlando, Florida 32837			
			City/State and Zip Code		
		PAOLA.CARDENAS@TA	XCAREINC.COM to be used for future annual report notific		
For furth	er information co	oncerning this matter, please ea	·	ration)	
PAOLA	C CARDENAS		321 284-9341		
	Name of	f Person	at () Area Code Daytime ^	Telephone Number	
Enclosed	is a check for th	e following amount:			
■ \$25.6	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)	
	<u>Mailing Address</u> Registration S		Street Address: Registration Sect	ion	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF URGA!	NIZATION E	20:
OF	<u> </u>	XVIA 2202
CLAIR DE SOLEIL CLOTHES LLC	Assiring the second sec	, ====================================
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	ompany)	四 空 至
The Articles of Organization for this Limited Liability Company were file	- · · · · ·	
Florida document number L21000466545	DA	ਰਾ
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability com	ipany here:	
DI COTONE LLC		
The new name must be distinguishable and contain the words "Limited Liability Compa	my," the designation "LLC" or the abbreviation "L.I	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 office address of agent and/or the new registered office address here:	on our records, <u>enter the name of the new</u>	registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	_ _
	. Florida	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Address	Type of Action
		·	□Add
			Remove
			□ Change
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	04/26/202)		
Affective date, if other than to an effective date is listed, the date in	he date of filing:	er to date of filing or more th	optional)	Pursuant to 605.0
Note: If the date inserted in this document's effective date on the	block does not meet the appli	cable statutory filing rec	uirements, this date v	vill not be listed
iocument s cricente date on the	Department of State 8 records	s.		
record specifies a delayed effec d is filed.	tive date, but not an effective	time, at 12:01 a.m. on th	e earlier of: (b) The	90th day after t
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d is filed.		 SS .		2022 MAY -2
	Alessaodra P	 SS .		2022 MAY

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