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## **COVER LETTER**

TO:

TO: Registration Section Division of Corporations	
SUBJECT: OBEK and IJEOMA C	LOTHING & ACCESSORIOS, LLC
Name of Limi	ited Liability Company
The enclosed Articles of Amendment and fee(s) are sub-	mitted for filing.
Please return all correspondence concerning this matter	to the following:
Marily	Name of Peson
OBEK au	Firm/Company
USUD Baymed	adubs Rd. Apt. 243
Jacksonville,	City/State and Zip Code
	diterma aguail com to be used for future annual report notification)
For further information concerning this matter, please ca	all:
Mariga Edie Koyenum Name of Person	at (904) 933 - 4338  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee   ☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 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

OBEK and TJeama Clothing & Accessories U.C.

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

[77 Fortua Ellinica El	ability Company?	
The Articles of Organization for this Limited Liability Company v Florida document number 07 15 7000.	were filed on D2 07 2033	and assigned
This amendment is submitted to amend the following:		25
A. If amending name, enter the new name of the limited liabil	- ·	
OBEK Aud LIEDM: The new name must be distinguishable and contain the words "Limited Liability".	A LLC ty Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	Addiess Leman H	te Some
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter the nam	e of the new registered
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 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
MGR	Manilyn Edie Koyenum	USW Baymeadows Rd. Apt 243 Jacksonville, Fl 32217	L IDAdd
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record specifies a delayed effective d I is filed.	ate, but not an	effective time.	at 12:01 a.m. on	he earlier of: (b)	The 90th day af	ter the
rated July 215t	· -	2023				
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