10/6/22, 4:23 PM

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number

: (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:				

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HIZASHI APPAREL LLC

Certificate of Status 0 Certified Copy 03 Page Count \$25.00 Estimated Charge

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HIZASHI APPAREL LLC	·	
(<u>Name of the Limited Liability Co</u> r (A Florida Limit	mpany as it now appears on our re ted Liability Company)	cords.)
The Articles of Organization for this Limited Liability Comparition of the Articles of Organization for this Limited Liability Comparition of the Articles of Organization for this Limited Liability Comparition of the Articles of Organization for this Limited Liability Comparition of the Articles of Organization for this Limited Liability Comparition for the Liabil	any were filed on 09/23/20	22 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited E	iability 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	2	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>er</u>	nter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	Idress
		, 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
AMBR	Aysha Naureen	11811 SW 246th Terrace	X (Add
		Homestead, FL 33032	Remove
			□Change
			□Add
			□Remove
			□Change
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Effective date, if other than the fan effective date is listed, the date must Note: If the date inserted in this blodocument's effective date on the De	t be specific and cannot be prior took does not meet the applica	o date of filing or more than 9 ble statutory filing require	(optional) 0 days after filing.) Pursuant to 605 ments, this date will not be list	5,0207 (. ed as tl
e record specifies a delayed effective rd is filed.	date, but not an effective tir	ne, at 12:01 a.m. on the ca	lier of: (b) The 90th day afte	r the
Dated 10/06	. 2022	_·		
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(1) organ lotte	<u> </u>		1	
() organ () other	Signature of a member or autho	rized representative of a mem	ber	

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Filing Fee: \$75.00