## L-22000474050

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## **COVER LETTER**

	Registration Sec Division of Corp						
CHDIFC	Wear Ama I	LLC					
SUBJEC	Name of Limited Liability Company						
The enclo	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.				
Please ret	urn all correspo	ndence concerning this matter	to the following:				
		Mariana Griswold					
			Name of Person	<del></del>			
		Wear Ama LLC					
			Firm/Company				
		8243 thames boulevard uni	t C				
		Address					
		boca raton, fl 33433					
		City/State and Zip Code					
		marianagriswold@gmail.co	m to be used for future annual report noti	tication)			
For furthe	er information co	oncerning this matter, please ca					
Mariana (		· ·	954 5927346				
	Name of	Person	Area Code Daytim	e Telephone Number			
Enclosed	is a check for th	e following amount:					
□ \$25.0	0 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 Sec	ction			

Registration Section 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

2024 F.: :-5 1: 7:29

Wear Ama LLC	1 2 2
(Name of the Limited Liability Company as it (A Florida Limited Liability)	ow appears on our records.)
(A CAMADAMACO CALOMA)	·
The Articles of Organization for this Limited Liability Company were fi	ed on 11/7/2022 and assigned
Florida document number L22000476050	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	npany here:
Always Making Art Limited Liability Company The new name must be distinguishable and contain the words "Limited Liability Comp	
The new name must be distinguishable and contain the words "Limited Liability Comp	any," the designation "LLC" or the abbreviation "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 office address	on our records, enter the name of the new registered
agent and/or the new registered office address here:	
N ON DOLL IA	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida Zip Code
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 Changing Registered Agent, Signature of New Registered Agent

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
			□Add
			□ Remove
		<del></del>	Change
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Effect	ive date, if other than the date of filing: (optional) sective 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)
(If an eff	ective 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). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
	ent's effective date on the Department of State's records.
	·
.L	describes a deleved official data have been a filtrative force at 12.01 and the continue field. The post data for the
me recor ord is fi	d 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 ed.
	· · · · · · · · · · · · · · · · · · ·
	1/3/24
Dated	
	Signature of a member or authorized representative of a member
	Gignature of a member of additionized representative of a member
	Mariana Griswold
	Typed or printed name of signee

. . . .

Filing Fee: \$25.00