La300051985

(Reques	stor's Name)	
(Addres	(\$)	
(Addres	:s)	
(//00/03	(3)	
(City/St	ate/Zip/Phone #)	—
PICK-UP	☐ WAIT ☐ MAIL	
L FIGREOF		
(Bucine)	ss Entity Name)	
(Dusine	55 Citity (value)	
(Docum	ent Number)	_
Certified Copies	Certificates of Status	
		_
Special Instructions to Filing O	fficer:	
	1.	l
	J. HORNE MAR 18 2024	İ
	MAD	
	" 1 8 2024	
		- 1
		- 1

Office Use Only



300425603563

entrological exercision

RECEIVED
2024 MAR 18 PH 3: 3'3

The state of the s

COVER LETTER

TO:				•	•	. 94
		CUBAN FAS	SHION LLC			
SUBJE	CT:		Name of Limi	ited Liability Company		<u></u>
				_		
. 10200 1		un von vo _l ronn	-			
	CUBAN FASHION LLC CUBAN FASHION LLC Name of Limited Liability Company Cuban Fashion LLC Firm/Company S814 BYRON DR Cuban Fashion LLC Firm/Company S814 BYRON DR Address TAMPA. FL 33615 City/State and Zip Code cubanfashionlic@gmail.com E-mail address: (to be used for future annual report notification) There information concerning this matter, please call: ANI HERRERA ALEGRE Name of Person Radio S97-2676 at (
			Name of Limited Liability Company Amendment and fec(s) are submitted for filing. Amendment and fec(s) are submitted for filing. Amendment and fec(s) are submitted for filing. YOSBANY HERRERA ALEGRE Name of Person CUBAN FASHION LLC Firm/Company 8814 BYRON DR Address TAMPA. FL 33615 City/State and Zip Code cubanfashionllc@gmail.com E-mail address: (to be used for future annual ancerming this matter, please call: LEGRE Person at (
				Firm/Company		
			SAN FASHION LLC Name of Limited Liability Company cles of Amendment and fee(s) are submitted for filing. orrespondence concerning this matter to the following: YOSBANY HERRERA ALEGRE Name of Person CUBAN FASHION LLC Firm/Company 8814 BYRON DR Address TAMPA. FL 33615 City/State and Zip Code cubanfashionlle@gmail.com E-mail address: (to be used for future annual report notification) action concerning this matter, please call: RERA ALEGRE Name of Person RERA ALEGRE Name of Person Area Code Daytime Telephone Number of Status Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certificate (additional copy is enclosed)			
	Division of Corporations CUBAN FASHION LLC Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. take return all correspondence concerning this matter to the following: YOSBANY HERRERA ALEGRE Name of Person CUBAN FASHION LLC Firm/Company 8814 BYRON DR Address TAMPA. FL 33615 City/State and Zip Code cubanfashionlle@gmail.com E-mail address: (to be used for future annual report no further information concerning this matter, please call: SBANI HERRERA ALEGRE Name of Person Response to the following amount: \$255.00 Filing Fee Certificate of Status Certifical Copy (additional copy is enclosed)					
			TAMPA, FL 33615			
	Divis CBJECT: e enclosed as a return a closed is a consistency of the constant of the consta			City/State and Zip Code	:	
			E-mail address: (t	o be used for future annua	I report notification)	
For furt	her in	formation con	ncerning this matter, please ca	all:		
YOSBA	ANI H	ERRERA AL	LEGRE		97-2676	
		Name of F	Person		Daytime Telepho	one Number
Enclose	d is a	check for the	following amount:			
■ \$25	.00 F	iling Fee		Certified Copy		Certificate of Status &
	<u>Mail</u>	ling Address:	ation.	Street A	Address:	

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

45

CUBAN FASHION LLC		
(Name of the Limited Liability Co. (A Florida Limi	mpany as it now appears on our rec ted Liability Company)	tords.)
The Articles of Organization for this Limited Liability Compa	any were filed on 01/27/2023	and assigned
Florida document number L23000051985		To the
This amendment is submitted to amend the following:		Sally.
A. If amending name, enter the new name of the limited l	liability company here:	
FASHION OF TAMPA LLC		
The new name must be distinguishable and contain the words "Limited L	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	<u> </u>	
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>en</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
		, 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>	Name	Address	Type of Action
			□ Add
			□Remove
			
			□Add
			□Remove
			□Change
			DAdd
			Remove
			□Change
		□Add	
			□Remove
			Change
			□Add
		□Remove	
		□ Change	
			□Add
			□ Remove
			□Change

								
	· · · · · · · · · · · · · · · · · · ·		·		·····			
_			<u>_</u>	 				
_		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					 -	
-								
_							 	
				.=				
_								
_						7		
			· · · · · · · · · · · · · · · · · · ·					
lf an effec <u>Note:</u> If	tive date is listed f the date insert	er than the date I, the date must be spe ted in this block do ate on the Departm	ecific and cannot ses not meet the	applicable sta	of filing or more the tutory filing requ	(option an 90 days after fil airements, this d	ing.) Pursuant to 605	.0207 (3 ed as th
e record rd is filed		iyed effective date,	but not an effe	ective time, at l	2:01 a.m. on the	e earlier of: (b)	The 90th day after	r the
Dated _	AARCH, 15TH		2024	·				
			ill					
		Signat	ure of a member	or authorized re	presentative of a n	nember		
			/					

Filing Fee: \$25.00