

L23000061814

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

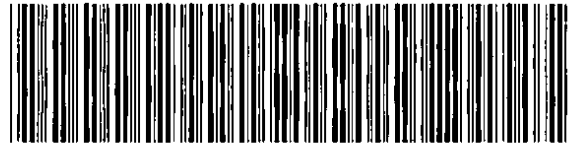
(Business Entity Name)

(Document Number)

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2023 AUG 29 AM 8:56

2023 AUG 29 AM 8:56

[Handwritten signature]

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FASHION ALISHA LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SOLEDAD E MARULICH

Name of Person

Firm/Company

2301 Collins Ave 1441

Address

Miami Beach, FL 33139

City/State and Zip Code

sole_marulich@hotmail.com

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

MARULICH E SOLEDAD

786 4434625
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

FASHION ALISHA LLC

2023 AUG 29 AM 8:58

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

The Articles of Organization for this Limited Liability Company were filed on 02/02/2023 and assigned
Florida document number L23000061814.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2301 Collins Ave 1441 Miami Beach FL 33139

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

2301 Collins Ave 1441 Miami Beach FL 33139

(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:

Name of New Registered Agent:

SOLEDAD E MARULICH

New Registered Office Address:

2301 Collins Ave 1441

Enter Florida street address

Miami Beach

City

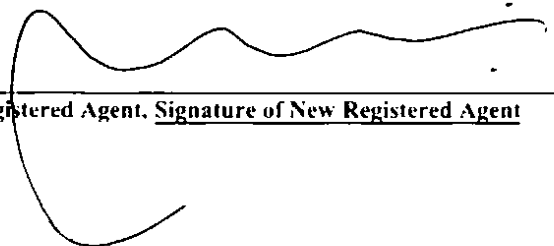
, Florida 33139

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>	<u>Address</u>	<u>Type of Action</u>
AP	IBG LAW PLLC	3105 NW1 07TH AVE. STE 466	<input type="checkbox"/> Add
		DORAL, FL 33172	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Ivan Bracho Gonzalez	3105 NW1 07TH AVE. STE 466	<input type="checkbox"/> Add
		DORAL, FL 33172	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated August 25, 2023

Signature of a member or authorized representative of a member

SOLEDAD E. MARULICH

Typed or printed name of signee