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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations
SUBJECT: GIOUANIVI CHRISTIAN CLOThing LC.
Name of Limited Liability Company
023
The enclosed Articles of Amendment and fee(s) are submitted for filing. \sim
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: FRANCHY CHATELICA Name of Person
FRANCHY CHATELIER Name of Person 5
Name of Person
Firm/Company
6509 Conroy RUAD APT 104
ORLANDO FL 32735 City/State and Zip Code
GIOVANNI Christian Clothing Brand Cymail. Gin E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
FRANCKY CHATELIER at (3/21) 513 9090 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO

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

(A)	lorida Limited Liability Company)	,	
The Articles of Organization for this Limited Liabi Florida document number <u>L 23000 274</u> -	lity Company were filed on	June 6, 2023 and assign	ned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the			
GIOVANNI CHRISTIAN The new name must be distinguishable and contain the words	"Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C	75. 54
Enter new principal offices address, if applicable			
(Principal office address MUST BE A STREET A	DDRESS)		 -
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on address here:	our records, enter the name of	the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	rida 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 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
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			Add ORA Control Remove Control Change
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effective date, if other than the date of filing: \(\sum_{\text{of}} \) \(\text{Q} \) \(\frac{2}{262} \) effective date is listed, the date must be specific and cannot be prior to date of filing or more. If the date inserted in this block does not meet the applicable statutory filing ument's effective date on the Department of State's records.	ore than 90 days afte	i onal) er filing.) I is date w	Pursuant to fill not be	605.0207 listed as
record specifies a delayed effective date, but not an effective tine 90th day after the record is filed.	me, at 12:01	a.m. oi	n the ea	rlier of
Signature of a member or authorized representative				
Tavel 1 / Mail 9	of a member			

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Filing Fee: \$25.00