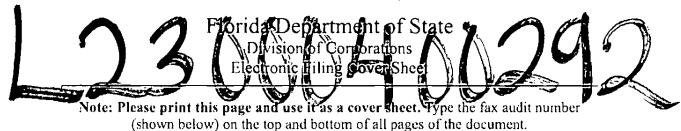
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Division of Corporations



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

 \subset

Account Name : CLAUDIA LIMA TAX & ACCOUNTING LLC

Account Number : I20230000193

: (407)552-7903

Fax Number

: (407)449-2348

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

Email Address: INFO@CLAUDIALIMATAX.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AMERICA FASHION & SERVICES LLC

Certificate of Status	0
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M. SOLOMON

JUN 14 2024

- Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

	gistration Se vision of Cor			
CUBIFCE		FASHION & SERVICES LL	C	
SUBJECT:		Name of Lin	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ondence concerning this matter	to the following:	
	3 (30%)			
		CLAUDIA LIMA		
			Name of Person	
		CLAUDIA LIMA TAX &	ACCOUNTING LLC	
			Firm/Company	<u> </u>
		9100 CONRO WINDERE	9100 CONRO WINDEREMERE RD STE 200 OFFICE 241	
			Address	
		WINDERMERE, FL 3478	6	." ~-
	i		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		INFO@CLAUDIALIMAT.		E 2
	:		to be used for future annual report not	ification) —
For further	information c	oncerning this matter, please c	all:	
CLAUDIA	LIMA		407 552-7903	
	Name o	f Person		ne Telephone Number
Enclosed is	a check for th	ne following amount:		
≘ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Addres		Street Address: Registration So	ection
Di	vișion of C	orporations	Division of Co	rporations
	O. Box 632 Illahassee, l		The Centre of 2415 N. Monro	Fallahassee be Street, Suite 810

Tallahassee, FL 32303

 Φ

<u> 5/8</u> <u>214.6.2024</u> 13:03:53

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

AMERICA FASHION & SERVICES L		
(Name of the Limited Li	ability Company as it now appears on our records.) lorida Limited Liability Company)	
1.10	orida imilica inability company)	
The Articles of Organization for this Limited Liabili	ity Company were filed on 08/25/2023	and assigned
Florida document number L23000400292		
	 :	
This amendment is submitted to amend the followin	g;	
A. If amending name, enter the new name of the	limited liability company here:	
the state of the state of the		
The new name must be distinguishable and contain the words	"I imited Liability Company" the designation "LLC" or	the abbreviation "L.L.C."
The lie what is a cash gold and sometime are words	e.	
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A	DDRESS)	
.: 63		•
Enter new mailing address, if applicable:		
	· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE <u>A POST OFFICE BOX</u> ·	<u> </u>	
		<u> </u>
· · · · · · · · · · · · · · · · · · ·		 -
B. If amending the registered agent and/or registagent and/or the new registered office address he		name of the new register
agent and/or the new registered office address ne	<u></u>	
Name of New Registered Agent:		
New Registered Office Address:		·
•	Enter Florida street address	
	, Floric	ia
	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.

FΔX	⊞ +14074492348	(1)	6/8	\$ 14.6.2024 13:04:24
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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	MARCELA SOARES DA SILVA	4615 DELEON ST APT 147	≣ Add
		FORT MYERS, FL 33907	□Remove
			Change
<u>.</u>			□Add
			□Remove
			☐ Change
			□Add·
1			□Remove
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	•		□D
			□Change
		<u> </u>	□Add
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			□Change
 			□Add
			Remove
			□Change

FIRST NAME: MARCELA -	LAST NAME: SOARES DA SILVA PARDI	
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N.O.		2
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L		
ive date, if other than the	late of filing:	(optional)
fective date is listed, the date must	be specific and cannot be prior to date of filing or more than 90 da ck does not meet the applicable statutory filing requirement	lys after filing.) Pursuant to 605.
nent's effective date on the De	partment of State's records.	112, 1113 0210 7717 1100 00 11310
•	date, but not an effective time, at 12:01 a.m. on the earlie	r of: (b) The 90th day after
led.		
JUNE 14TH	2024	
	MO DEEDI) Signature of a member or authorized representative of a member	
Leonida (o nardin	ho	

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FAX

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Filing Fee: \$25.00