L73000536089

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10/22/24--01016--011 **25.00

COVER LETTER

Tallahassee. FL 32314

TO: Registration S Division of Co			
SUBJECT:	Amore L	outure LLC	_
SUBJECT:		ited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	Rolfi	Maldonado Name of Person	
		Name of Person	
		Firm/Company	
	3121 R	eo Ln Address	
	Amore fors	City/State and Zip Code hrun Flogmen to be used for future annual report not	d. Com
For further information	concerning this matter, please ca		
	Maldonado of Person	at (954) 415 Area Code Daytin	5 - 32 11 ne Telephone Number
Enclosed is a check for	the following amount:		
	□ \$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 Addr</u> Registration		Street Address: Registration Se	ection
_	Corporations	Division of Co The Centre of	rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HMORE LOUTURE	114	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on $12-04-2023$ and assigned	
lorida document number <u>L23000536689</u>		
his amendment is submitted to amend the following:		
a. If amending name, <u>enter the new name of the limited lial</u>	bility company here:	
Amore Fashion 11L		
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	~ 3	
Principal office address MUST BE A STREET ADDRESS)		
	:- :5	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	· ·	
3. If amending the registered agent and/or registered office	address on our records, enter the name of the new regis	
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida 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
MG12	Charles Aladin	3121 Res in lake worth F1 33461	\ Add
			□Remove
			Change
			□Add
			Remove
			□Change
			
			□ Remove
		 	□Change
			□Add
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			□Remove
			Change
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			□Remove
			Change

Effective date, if other than the date of filing: 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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. 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 rid is filed. Dated 10-16-24 Signature of a member or authorized representative of a member Rald coad 0 Typed or printed name of signee		
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