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COVER LETTER

TO:	Registration So Division of Cor			_
	Hamiacces	ories LLC		*;
SUBJI	ECT:	Name of Lim	ited Liability Company	
The en	closed Anicles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Maria Perez Berdugo		
			Name of Person	
			Firm/Company	
		3770 Crofton CT		
			Address	
		Fort Myers, FL 33916-799	4	
		flamiaccessories@gmail.com		
SUBJECT The enclose Please return For further Maria Peres Enclosed is		E-mail address; (to be used for future annual report notific	cation)
For fu	rther information c	oncerning this matter, please c	all:	
Maria	Perez Berdugo		239 6016960	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
□ \$ 2	25.00 Filing Fee	□ \$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)

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

Flamiaccesories LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.24000275793	were filed on June 18, 2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Plamiaccessories LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3770 Crofton CT	<u>ب</u> نیم
(Principal office address MUST BE A STREET ADDRESS)	Fort Myers, FL 33916-7994	, =
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Enter new mailing address, if applicable:		င့်ခ
Mailing address MAY BE A POST OFFICE BOX		<u>o</u>
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B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, enter the	name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	a Zip Code
	·····;	Tap Con

New Registered Agent's Signature, if changing Registered Agent:

No. of the second

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>	<u>Name</u>	Address	Type of Action
			
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in the name, and I want to	add that "S". T	he correct and fi	nat name is Fla	niaccessories Ll	LC.	
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tive date, if other than	the date of fil	July 04, 202 ing:			(optional)	
flective date is listed, the date If the date inserted in thi	s block does no	ot meet the applic	able statutory fi			
nent's effective date on th	e Department o	of State's records.				
rd specifies a delayed effe	ctive date that a	not an effective ti	me at 12:01 a i	n on the earlier	of (b) The 90th	day after t
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July 04		2024				
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