M13000002134

(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone #)	
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(D	ocument Number)	
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Y. SCOTT JUL 2 2 2023

COVER LETTER

Registration Section Division of Corporations

TO:

CHRICCY.	FASHION ONE	LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
		MICHAEL GLEISSNER	
		Name of Person	
		FASHION ONE LLC	
		Firm/Company	202:
		4 TAYLOR STREET	2023 LAY 30 PH
		Address	
		MILLBURN NJ 07041	
		City/State and Zip Code	S 25 25 25 25 25 25 25 25 25 25 25 25 25
		mg@michaelgleissner.com	UD
	E-mail address: (to be used for future annual report notif	ication)
For further information co	oncerning this matter, please c	all:	
MICHAEL GI	LEISSNER	212 796-4304 at ()	
Name of	Person		: Telephone Number
	CH :		
Enclosed is a check for th	_		
■ \$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 S		Street Address: Registration Sec	ction
Division of Co	orporations	Division of Cor	porations
P.O. Box 632° Tallahassee, F		The Centre of T	allahassee Street, Suite 810
i alialiassee, f	L J4J17	THID IN INIOINIO	Succe, same ore

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	FASHION ONE LLC		
(Name of the Limited (A	Liability Company as it now appear Florida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liab Florida document numberM13000002134	mity Company were med on	04/04/2013	and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the de	signation "LLC" or the	abbreviation #131C."
Enter new principal offices address, if applicab	le:		<u> </u>
(Principal office address MUST BE A STREET.	ADDRESS)		30
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO			Ph 2:29
B. If amending the registered agent and/or reg		ecords, enter the na	me of the new registered
Name of New Registered Agent:	EUGENE D. MONDRU	S	
New Registered Office Address:	160 SW 7TH CT		
New Registered Office Address.	Enter Flor	ida street address	
	POMPANO BEACH	. Florida	33060-8398
	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
			□Add
			□Remove
			□Change
			□Add
		 	□Remove
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Effective date, if other than the date of filing: fan effective date is listed, the date must be specific and cannot be prior to date Note: If the date inserted in this block does not meet the applicable st document's effective date on the Department of State's records.	of filing or more than 90 days after filing.) Pursuant to	605.0207 listed as
record specifies a delayed effective date, but not an effective time, at d is filed.	: 12:01 a.m. on the earlier of: (b) The 90th day of	ifter the
Dated May 8 . 2023	-	
Signature of a member or authorized i	representative of a member	_

Filing Fee: \$25.00