Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000227929 3)))



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 : (650) 617-6383

From:

Account Name : MORAN, KIDD, LYONS, JOHNSON & BERKSON

Account Number : I20000000003

Fax Number

: (407)841-4141 : (407)841-4148

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

Emoil:	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VAULT CLOTHING COMPANY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

(((B13000227929 3)))

Electronic Filing Menu Corporate Filing Menu

Help

(((Hi3000227929 3)))

COVER LETTER

TO:

Registration Section
Division of Corporations

、VAULT CLOTHING COMPANY, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filling.

Please return all correspondence concerning this matter to the following:

Scott E. Johnson, Esquire

Name of Person

Moran Kidd Lyons Johnson & Berkson, P.A.

Firm/Company

111 N. Orange Avenue, Suite #900

Address

Orlando, Florida 32801

City/State and Zip Code

sjohnson@morankidd.com

E-mell address: (to be used for future monual report notification)

For further information concerning this matter, please call:

Scott E. Johnson, Esquire

,,,407,84**1-414**1

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Pea

Cl\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

Cl\$60.00 Pilling Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314 STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahasace, FL 32301

(((H13000227929 3)))

850-617-6381

10/15/2013 8:50:57 AM PAGE 1/001 Fax Server



October 15, 2013

FLORIDA DEPARTMENT OF STATE

Division of Corporations

VAULT CLOTHING COMPANY, LLC 671 OUTER RD, STE. B ORLANDO, FL 32814

SUBJECT: VAULT CLOTHING COMPANY, LLC

REF: L13000108983

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Due to transmission problems, your faxed document or coversheet is illegible or incomplete. Please refax the document and cover sheet to this office for processing.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch Regulatory Specialist II

FAX Aud. #; H13000227929 Letter Number: 013A00024083

RECEIVED
13 OCT 15 PM IZ: 00
SECRETARY OF STATE
PRELAHASSEE. FLERISA

DOCUMENTATION ATTACHED.

(((113000227929 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	THING COMPANY, LLC	
(Name of the Limited Liabilli (A Florida	y Caminany as it now appears of Limited Liability Company)) ditt, tacairgs*)
The Articles of Organization for this Limited Liability (Florida document number L13000108983	Company were filed on Augus	et 1, 2013 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
251 APPAREL, LLC		= 50.5
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company,"	the designation "LLC" or the abbreviall
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD)	RESS)	SE - 5
		□ 1
		F (=
Enter new muiling address, if applicable:		ATE 2
(Mailing address MAY BE A POST OFFICE BOX)		7
B. If amending the registered agent and/or registered agent and/or the new registered office add Name of New Registered Agent:	itered office address on our tress here:	records, <u>onter the name of the n</u> g
New Registered Office Address:		
	Enter 1	Torida street address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registere	al Agent:	
I hereby accept the appointment as registered agent the provisions of all statutes relative to the proper w accept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change.	nd complete performance of n gent ax provided for in Chapt ed office address, I hereby coi	ry dutles, and I am familiar with ar er 608, F.S. Or, if this document is
((H13000227929 3)))	If Changing Registered Agent, 8	gnature of New Resistered Agent

Page 1 of 3

(((H1300022**7929** 3)))

If amonding the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

<u>Títle</u>	. <u>Name</u>	Address	Type of Action
			Add
			Remove

	THE STATE OF THE S		L Add ⇒ ⊹∴ co
			ALLASS TO THE PROPERTY OF THE
	- del transcriptor		P D Bamov
			Bamovi
			,
			Add
			Remove
			Add
			Remove

			Add
		,	Remove

Page 2 of 3

(((H13000227929 3)))

iding any other info	ithiation, ent	er change(s) hè	e: (Attach additiona	il shosts, (f necessary.)
				
				
	- 			
			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
			· · · · · · · · · · · · · · · · · · ·	
September	30	,		
	1 /	_	•	
	, L			
	Signature of	a member or suthe	orizad representative o	f a member
				SEPTEMBER 30 , 2013

Page 3 of 3

Filing Fee: \$25.00

SECNETARY OF STATE