L13000164867

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
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2014 MAR 21 PM 3: 04

SECRETARY OF STATE

MAR 2. 4 2013 T. ITARAPTON

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COVER LETTER

TO: Registration S Division of Co			
_{SUBJECT:} Naut	ical 101 LLC		
SUBJECT:		nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Chris Shrew	sbury	
		Name of Person	
	Zone Wearz	, -	
		Firm/Company	·
	1954 Fruit F	Ridge St	
		Address	
	Brandon FL	33510	
		City/State and Zip Code	
	shrews67@gmai	I.com to be used for future annual report notif	(markey)
For further information	concerning this matter, please c	•	(canon)
Chris Shre		813, 967-1 ₄	444
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



March 10, 2014

CHRIS SHREWSBURY 1954 FRUIT RIDGE ST BRANDON, FL 33510

SUBJECT: NAUTICAL 101 "LIMITED LIABILITY COMPANY"

Ref. Number: L13000164867

We have received your document for NAUTICAL 101 "LIMITED LIABILITY COMPANY". However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Letter Number: 214A00005191

Tammy Hampton Regulatory Specialist III

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nautical 101 LLC

NAUTICAL 101 "LIMITED LIABILITY COMPANY"

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Comp	oany were filed on 12-04	- 2013 and assigned	
Florida document number 86-0962205.	L13000164	1867	
This amendment is submitted to amend the following:		2014 MAR SECRETALLAHA	
A. If amending name, enter the new name of the limited	liability company here:	表 2	
Zone Wearz LLC"			
The new name must be distinguishable and end with the words "Limited	Liability Company," the designation "	LLC" or the abbreviation "L.C."	
Enter new principal offices address, if applicable:		ြွင့္လ ယူ 🔾	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered		rds, enter the name of the new	
registered agent and/or the new registered office address	<u>here</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Florida street address		
		Florida	
	, Ciţv	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			☐ Remove
			□ Add
			SECRETARY OF STALLAHASSEE, FL
			HAR 21d PH 3
			Reserve P
			□ Add
			Remove
			□ Remove

amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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_	
fective effecti date th	e date, if other than the date of filing:
ted	March 5, 2014.
	hours Slevens
	Signature of a member or authorized representative of a member James C/Shrewsbury

Page 3 of 3

Filing Fee: \$25.00

2014 MAR 21 PM 3: 04
SECRETARY OF STATE
ARTY AHASSEE, FLORID.