## L20000373704

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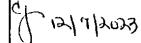
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## **COVER LETTER**

		stration Sect sion of Corpo		,	
CHD ICA		TRUTH TOL	D APPAREL LLC		
SUBJEC	∪ <b>!</b> i _	<u>.</u>	Name of Lim	nited Liability Company	<del>_</del>
The encl	osed .	Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please re	eturn a	all correspond	dence concerning this matter	to the following:	
			MAKEEBA BAILEY		
				Name of Person	<del></del>
				Firm/Company	
			1179 LAKEPOINTE LAN		
			DI ANTATIONI EL 2222	Address	
			PLANTATION, FL 33322		
			MAKEEBAB@GMAIL.CO	City/State and Zip Code DM	
			E-mail address: (	to be used for future annual report notification)	_
For furth	er inf	ormation con	cerning this matter, please ca	all:	
MAKEE	EBA E	BAILEY		347 465-8803 at ( )	
		Name of P	erson	Area Code Daytime Telephone Nur	nber
Enclosed	lisac	heck for the	following amount:		
<b>■</b> \$25.0	00 Fil	ing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy Certi (additional copy is enclosed) Certi	0 Filing Fee. ficate of Status & fied Copy ional copy is enclosed)
		ng Address:	ction	Street Address: Registration Section	
Registration Section Division of Corporations				Division of Corporations	
		Box 6327		The Centre of Tallahassee	
•	Talla	ihassee, FL	. 32314	2415 N. Monroe Street, Suit	e 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 KOY 21 PH 5: 58

TRUTH TOLD APPAREL LLC

(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 Company	were filed on NOVEMBER 30, 2020 and assigned		
Florida document number L20000373704			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
TRUTH TOLD ENTERPRISE LLC			
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	4543 N. PINE ISLAND ROAD		
(Principal office address MUST BE A STREET ADDRESS)	#1007		
	SUNRISE, FL 33351		
Enter new mailing address, if applicable:	4543 N. PINE ISLAND ROAD		
(Mailing address MAY BE A POST OFFICE BOX)	#1007		
,	SUNRISE, FL 33351		
agent and/or the new registered office address here:  Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	, Florida City Zip Code		
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is		
If Char	nging 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
			□Change
			🗀 Add
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		<del></del>	□Add
			□Remove
			□Change

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Note: If the date inserted in this l	iust be specific and cannot be prior t	to date of filing or more than 90	(optional) days after filing.) Pursuant to 605.0207 (3) tents, this date will not be listed as the
he record specifies a delayed effecti	ive date, but not an effective tir	ne, at 12:01 a.m. on the earl	ier of: (b) The 90th day after the
he record specifies a delayed effectiord is filed.  November 13  Dated	ive date, but not an effective tir	me, at 12:01 a.m. on the earl	ier of: (b) The 90th day after the
he record specifies a delayed effection or distributed.  November 13	2023	<u> </u>	
he record specifies a delayed effection or distributed.  November 13		<u> </u>	

Filing Fee: \$25.00