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COVER LETTER

Division of Corporations
SUBJECT: Fearless Apparel LLC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Chandelie Louis XVI Name of Person
Fearless Apparel LLC Firm/Company
3301 N. University Dr. Ste 100 #1015
COVAL Springs FL 33065 City/State and Zip Code
Chandelie louis XVI @ icloud.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Chandelie Louis XVT at (786) 659-9786 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee Certificate of Status \$55.00 Filing Fee & Certificate of Status 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

Fearless Appare		
(Name of the Limited I	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi Florida document number <u>L2100001</u>	10/00/00	and assigned and assigned ARR 2022 APR 20
This amendment is submitted to amend the following	ing:	49 92 1
A. If amending name, enter the new name of the XVI Significant of the new name must be distinguishable and contain the word	ne limited liability company here: Solution Limited Liability Company," the designation "LLC" or the abbre	<u> </u>
Enter new principal offices address, if applicable	le:	<u> </u>
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered affice address h	istered office address on our records, enter the name of	of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	
•	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 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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			Change
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