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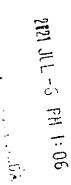
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corp	porations		
Custom Ger	ns, LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Francine Berkey		
		Name of Person	
	Custom Gents, LLC		
		Firm/Company	
	519 S. W. 159 Terrace		
		Address	
	Pembroke Pines, Fl 33027		
		City/State and Zip Code	
	hogback777@aol.com		
	E-mail address: (	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
Francine Berkey		954 326-0318 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.90 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$555.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	ction
Registration ( Division of C		Registration Se Division of Cor	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comparison document number $\frac{L21000288835}{L21000288835}$ .		gned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited 1	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the abbreviation "L.L	C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS		
	; ; ;	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>enter the name of the new</u>	<u>regi</u>
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 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>	<u>Address</u>	Type of Action
MGR	Francine Berkey	519 S.W. 159 Terrace	
		Pembroke Pines, Fl 33027	□ Remove
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fective date, if other than the neffective date is listed, the date mote: If the date inserted in this cument's effective date on the	ne date of filing: _ nust be specific and can block does not mee	anot be prior to t t the applicabl	late of filing or n e statutory filin	ore than 90 days	optional) safter filing.) P s. this date wi	ursuant to 605.0 If not be listed
ecord specifies a delayed effect is filed.						
$\frac{7/2/202}{fr}$	<u> </u>	3. h				