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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO

Account Number : 120010000078 Phone : (407)843-8880 Fax Number : (407)244-5690

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

Email Address: Robert.Johnson@gray-robinson.com

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN APPAREL SQUARE HOLDINGS LLC

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## ARTICLES OF AMENDMENT TO

(((H23000240714 3)))

## ARTICLES OF ORGANIZATION OF

APPAREL SQUARE HOLDINGS LLC		
(Name of the Limited Liability Comp (A Florida Limited	osny as it now appears on our records.)  Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on June 14, 2023	and assigned
Florida document number L2300028663		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	<u>bility company here</u> :	
The new name must be distinguishable and contain the words "Limited List	oility 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:		26.
(Mailing address MAY BE A POST OFFICE BOX)		(_
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B. If amending the registered agent and/or registered office	address on our records, enter the	name of the new/register
agent and/or the new registered office address here:	<u></u>	, 00
		<u>o</u>
Name of New Registered Agent		
New Registered Office Address:	Enter Florida street address	
	Cuter Libitaa Jireel aaatess	
	, Florid	
	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: (((H23000240714 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MRG	ROBERT E. JOHNSON	101 E. Kennedy Blvd., Suite 4000	□ Add
		Tampa, FL 33602	■ Remove
			Change
MGR	GUILLERMO BENDECK	c/o GrayRobinson, P.A.	■Add
		101 E. Kennedy Blvd., Suite 4000	□Remove
·		Tampa, FL 33602	DChange
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an effective date is listed, the date in	he date of filing:nust be prior to	Inte of filing or more than 90 days after	filing.) Pursuant to 605,0207
inter If the date inserted in this ocument's effective date on the	block does not meet the applicable	e statutory filing requirements, thi	s date will not be listed as
reduction's effective date of the	Department of order a records.		
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	Signature of a member or authoria	ed representative of a member	
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Guillermo Bendeck			
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