L080000 44301

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(Address)				
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J. BRYAN

OCT 2 9 2008

EXAMINER

COVER LETTER

TO: Registration S Division of Co	Section orporations	and the second of the second o	
SUBJECT:	corporate t sou	oci apparel llc	,
		nited Liability Company)	
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	oondence concerning this matte	r to the following:	
	C10.000s	(Name of Person) 1E & SCHOOL APPAGE!	LI.C.
		(Firm/Company)	
	5603 nu	159H St	0 80 0 80
•		(Audress)	07 28 67 68 68 68 68 68 68 68 68 68 68 68 68 68
	MIAMI Lo	4KES FC 330 (City/State and Zip Code)	<u> </u>
For further information	concerning this matter, please of	all:	TATER 2: 27
Amit Chh	abra of Person)	at (<u>305)</u> <u>305-837</u> (Area Code & Daytime	9
(Name	of Person)	(Area Code & Daytime ?	Felephone Number)
Enclosed is a check for t	the 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)
R# 4 T T	INC ADDRESS.	STREET/COMPANY	A PDDFGG.

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 24, 2008

CORPORATE&SCHOOL APPAREL LLC 5603 NW 159TH ST MIAMI LAKES, FL 33014

SUBJECT: CORPORATE&SCHOOL APPAREL LLC

Ref. Number: L08000044301

We have received your document for CORPORATE&SCHOOL APPAREL LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with 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) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 708A00054970

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ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liabil</u> (A Florid	ity Compar a Limited L	ny as it now liability Com	appears on pany)	our records.)		
The Articles of Organization for this Limited Liability Florida document number <u>LOBOOOY</u>	Company	were filed o	n <u>05</u> /	02/2008	3 and a	assigned
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the li	mited liab	ility compa	ny here:			
The new name must be distinguishable and end with the w. 'L.L.C."	ords "Limi	ted Liability	Company,"	the designation	"LLC" or th	e abbrevia
Frier new principal offices address, if applicable:					,	
Principal office address MUST BE A STREET ADI	ORESS)		<u> </u>	· · · · · · · · · · · · · · · · ·	80	<u> </u>
		<u> </u>			98	<u> 25</u> 5.
					22	육글
Enter new mailing address, if applicable:					- TB	925
Mailing address MAY BE A POST OFFICE BOX					23Z	P025
					(); (2)	当
					, -	35
3. If amending the registered agent and/or reg registered agent and/or the new registered office ad Name of New Registered Agent:			s on our i	ecords, <u>enter</u>	the name	of the
New Registered Office Address:	5603	m	159 S (Enter 1	+ Florida street d	address)	· · · -
	44/044	1 a Ve			•	4
	Chilekonk	(City)	<i>.</i>	, Florida _	(Zip C	ode)

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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager of Managing Member being added or removed from our records:

<u>`itle</u>	Name	<u>Address</u>	Type of Action
46R	William LARGORATE	5603 N.W 159+h st Miami lakes, FL 33014	Add Remove
<u></u>		·	Add Remove
			Add Remove
·			Add Remove
 .			Add Remove
			Add Remove
. If amend	ling any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	
			THE OF STATE STATE OF CORPORATIONS 08 OCT 28 PH; 2: 27
ated <u>`</u>	10/27/2008 Signature of a member	or authorized representative of a member	·

Page 2 of 2

Filing Fee: \$25.00