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(Requestor's Name)					
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SECRETARY OF STATE

T. CLINE
JUL 13 2009
EXAMINER

COVER LETTER

Division of Co				
ROYAL F	PAIN CLOTHING			
SOBJECT:				
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.		
Please return all corresp	condence concerning this matter	to the following:		
	MAUREEN HAGGIAG			
				
		Firm/Company		
2601 SOUTH PARK RD				
HALLANDALE, FLORIDA 33009				
	MAUREEN@ROYALPA	City/State and Zip Code NCLOTHING.COM		
	_	to be used for future annual report notificat	cion)	
For further information	concerning this matter, please of	eall:		
MAUREEN HAGGIAG	G	305 542-1110 at ()	SECE TALLY	T
Name	of Person	Area Code & Daytime T	elephone Number HASSEE, FLOR SECRETARY OF STATE AND AM IO.	MARIES MARIES P. P.
Enclosed is a check for	the following amount:		Y OF S	7
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified Copy (additional copy is enclosed)	ings #

MAILING ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	AIN CLOTHING, L			
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appear Limited Liability Company)	ars on our records.)		
The Articles of Organization for this Limited Liability (Company were filed on	MAY 29, 2008	and assigned	
Florida document number L08000053025	·'			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	nited liability company he	ere:		
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Comp	pany," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	RESS)		2019 SEC	
			- CC	
Enter new mailing address, if applicable:	***************************************			
(Mailing address MAY BE A POST OFFICE BOX)				
			0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0	
			المحتق	
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, enter the	he name of the new	
registered agent and/or the new registered office ade	ires nere.			
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 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 or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title Type of Action** <u>Name</u> **Address MGRM** ROBERT HAGGIAG 2601 S. PARK ROAD ✓ Add HALLANDALE, FLA 33009 Remove ALEX GONZALEZ MGRM 2114 N. FLAMINGO RD # 215 ☐ Add ✓ Remove PEMBROKE PINES, FL 33028 ☐ Add Remove ∏Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary 2) JULY 1 2009 Dated ____ **MAUREEN HAGGIAG** Typed or printed name of signee

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Filing Fee: \$25.00