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SECRETARY OF STATE
AND ANASSEE FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Adams Bras Manufacturing 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:
Selvina P. SCHMIDT Name of Person
Selvina P. SCHMIDT Name of Person Adams GROUP Firm/Company
8079 Golf Couese Blud Address
Purta Chorda & 33983 City/State and Zip Code SSCHMI At @ Auscover adams. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SELINA P. SUHMIDT at (941) 639 - 7188 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \text{\$60.00 Filing Fee,} \\ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \text{\$60.00 Filing Fee,} \\ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \text{\$60.00 Filing Fee,} \\ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \text{\$60.00 Filing Fee,} \\ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \text{\$60.00 Filing Fee,} \\ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \text{\$60.00 Filing Fee,} \\ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \text{\$60.00 Filing Fee,} \\ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \text{\$60.00 Filing Fee,} \\ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \text{\$60.00 Filing Fee,} \\ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \text{\$60.00 Filing Fee,} \\ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \text{\$60.00 Filing Fee,} \\ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \text{\$60.00 Filing Fee,} \\ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \text{\$60.00 Filing Fee,} \\ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \text{\$60.00 Filing Fee,} \\ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \text{\$60.00 Filing Fee,} \\ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \text{\$60.00 Filing Fee,} \\ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \text{\$60.00 Filing Fee,} \\ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \text{\$60.00 Filing Fee,} \\ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \text{\$60.00 Filing Fee,} \\ \text{(additional copy is enclosed)} \text{\$60.00 Filing Fee,} \\ \text{(additional copy is enclosed)} \\

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

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Adams	5 Beos.	Manufac	turing,	LACLAH	IASSEE FLORIDA
(Name of the Limited (A	Liability Compa Florida Limited I	ny as it now appe Liability Company)	ars on our r	ecords.)	FLORIDA
The Articles of Organization for this Limited Lia	ability Company	were filed on	11-13	2008	and assigned
Florida document number <u>L 08 000106</u>	2042.	,			
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liab	oility company he	ere:		
Adams Group R The new name must be distinguishable and end with	ETAIL, LI	LC			
The new name must be distinguishable and end with "L.L.C."	the words "Lim	ited Liability Com	pany," the de	esignation "L	LC" or the abbreviation
Enter new principal offices address, if applica	able				
(Principal office address MUST BE A STREE)			· · ·		
		•	.=		<u></u>
			.,		
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE I	<u>3<i>OX</i>)</u>	***************************************			
B. If amending the registered agent and/o	or registered of	ffice address on	our recor	ds. enter th	e name of the new
registered agent and/or the new registered off	-		our recor	dis, <u>enter tr</u>	ie name or the new
Name of New Registered Agent:	·				
New Registered Office Address:	2425	2444 8	TREE	<u> </u>	
		A E	inter Florida v	a street addr	ess
	_ BOCK	a Granc	<u>te</u> ,	Florida	ess 33921 Zip Code
		City			гір Соае

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 **Type of Action** <u>Title</u> <u>Name</u> <u>Address</u> ☐ Add Remove ☐ Add Remove _□ Add Remove ☐ Add Remove _∐Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a rember or authorized representative of a member

Typed or printed name of signee
Page 2 of 2

JOEL D. Adams

Filing Fee: \$25.00