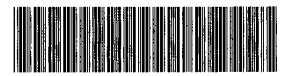
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D SIGN US	
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Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
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EXAMINER

Office Use Only



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COVER LETTER

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Tallahassee, FL 32314

то:	Registration S Division of Co				
SUBJE	CT:	MANTRA	CLOTHING LLC		
		Name of Lim			
The end	closed Articles of	f Amendment and fee(s) are su	bmitted for filing.		
Please r	eturn all corresp	ondence concerning this matte	er to the following:		
		SCOTT E. ITKIN			
			Name of Person		
		OUTH FLORIDA TAX			
			Firm/Company		
		H UNIVERSITY DRIVE	, SUITE B	2010 HAR SECRETALLAHA	
			Address		AH
DAVIE, FL 33328 City/State and Zip Code					
JEDDCANTYFL@AOL.COM E-mail address: (to be used for future annual report notification)				5 PM 3: 42 6Y OF STATE SEE, FLORID!	
For furt	her information (concerning this matter, please	•	·	11 42
		OTT E. ITKIN	at (954)	458-200	
	Name o	of Person	Area Code & D	Daytime Telephone	Number
Enclose	d is a check for t	he following amount:			
\$25. 0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	closed) (0.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
	Regist Divisio	JING ADDRESS: ration Section on of Corporations ox 6327	STREET/CO Registration : Division of C Clifton Build	Corporations	RESS:

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MANTRA	CLOTHING LLO			
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appe ited Liability Company	ars on our records.)		
(,		
The Articles of Organization for this Limited Liability Com	pany were filed on	MARCH 2, 2009	and assigned	
Florida document numberL0900020570				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	l liability company b	ere:		
	VN THREADS, LL		2010	
The new name must be distinguishable and end with the words	*		or He abbrevia	L on
"L.L.C."	Ziiiiiou Ziuoiiio, coiii	,	· 70 —	
Enter new principal offices address, if applicable:		SS	5 5	_
• • •		m,		-1
(Principal office address MUST BE A STREET ADDRES	<u> </u>		က မ	J
			· 5	-
		ש	11:1	
Enter new mailing address, if applicable:				-
(Mailing address MAY BE A POST OFFICE BOX)				_
	<u> </u>			_
B. If amending the registered agent and/or registered		our records, enter the	name of the n	<u>ew</u>
registered agent and/or the new registered office addres	s nere:			
Name of New Registered Agent:				-
New Registered Office Address:				_
	E	inter Florida street address	1	
		, 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 was or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Title** <u>Name</u> <u>Address</u> Type of Action ☐ Add ☐ Remove ☐ Add Remove ☐ Add Remove Romove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **FEBRUARY 24** 2010 Dated . Signature of a member or authorized representative of a member

JEDD CANTY
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00