## L0900005548/

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T. HAMPTON JAN - D

## **COVER LETTER**

TO: Registration Se Division of Con		de					
SUBJECT:	Resu	rrectionWear					
	Name of Lim	Name of Limited Liability Company					
The enclosed Articles of Amendment and fee(s) are submitted for filing.							
Please return all correspo	ondence concerning this matte	r to the following:					
		Joseph L. Marshall Jr.					
		Name of Person					
	A. RALPH	LOUIS CUSTOM CLOTHIEF	RS				
	<u> </u>	Firm/Company					
		2403 N. Baylen St					
	<del></del>	Address					
		Danagasia El 22504					
		Pensacola, Fl 32501  City/State and Zip Code  elderjoemarshall@aol.com					
	elde						
E-mail address: (to be used for future annual report notification)							
For further information c	oncerning this matter, please	call:					
Joseph	h L. Marshall Jr.	at ( 850 ) 9	37-7395				
Name o	f Person	Area Code & Daytime 1	Celephone Number				
Enclosed is a check for th	ne following amount:						
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

12 JAN -3 PH 3: 04

Resurrecti (Name of the Limited Liability Con (A Florida Limite	on Wear, LLC  npany as it now appears on our red Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Comp.  Florida document number L09000055481		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
A. RALPH LOUIS CUS	STOM CLOTHIERS, LLC	
The new name must be distinguishable and end with the words "L"L.L.C."	imited Liability Company," the do	signation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	- · · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDRESS		
Enter new mailing address, if applicable:	A. RALPH LOUIS CL	JSTOM CLOTHIERS
(Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX 18074	
	Pensacola, FL 32523	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address because of New Registered Agent:  New Registered Office Address:	here: Enter Florida	ds, enter the name of the new  a street address
<del></del>	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 = M MGRM = 1	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<del></del>			Add Remove
			Add Remove
	<del></del>		Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter cha	inge(s) here: (Attach additional sheets, if necessary.)	
			SECRETARY OF S IVISION OF CORPO  12 JAN -3 PM
Dated	22 December	2011 1 Markelle.	D OF STATE RPORATIONS PM 3: 04
	Signature of a memi	ber or authorized representative of a member	
	U Jo	oseph L. Marshall Jr.	

Page 2 of 2

Filing Fee: \$25.00