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SECRETARY OF STATES
TALKAHASSEE, FLORIDA

J. SAULSBERRY EXAMINER

JUN 9 2011

COVER LETTER

· TO:

TO:	Registration S Division of Co	•				
SUBJE	CŤ:	SOUTHLAND GR	APHICS APPAREL, LLO	2		
5025		Name of Lim	ted Liability Company			
The end	closed Articles o	f Amendment and fee(s) are sul	omitted for filing.			
Please	return all corresp	oondence concerning this matter	to the following:			
Barry Roderman						
Name of Person						
Barry G. Roderman & Associates, PA						
Firm/Company						
500 West Cypress Creek Road, #550				0	± 28	
Address						Alteria
Et Loudordolo El 22200						اردا مشمور عداد
Ft. Lauderdale, FL 33309 City/State and Zip Code						
For fur	ther information	E-mail address: (concerning this matter, please	to be used for future annual report notific call:	cation)	2011 JUN - 7 PH 1: 15 SECRETARY OF STATE FALLAHASSEE, FLORIDA	. ~~~
	Da	an i Dadamaaa	054	761 0010	-	
Barry Roderman Name of Person			at (<u>954</u>) 7 Area Code & Daytime	761-8810 Telephone Number		
Enclose	ed is a check for	the following amount:				
▼ \$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		stration Section ion of Corporations Box 6327	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	ı itions iter Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		IICS APPAREL, L		·		
(Name of the Limited L) (A F	lorida Limited L	ny as it now appears on ou liability Company)	<u>r recorus.</u>)			
The Articles of Organization for this Limited Liab	oility Company	were filed onFebrua	ary 16, 2011	and assig	ned	
Florida document numberL110000202	28					
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of t	he limited liab	ility company here:				
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ited Liability Company," the	e designation "	LLC" or the ab	oreviation	
Enter new principal offices address, if applicat	1800 Montreal Cou	rt, Suite D	7 2			
(Principal office address MUST BE A STREET	ADDRESS)	Tucker, GA 30084			Market and	
				AHAS NAME OF THE PARTY OF THE P		
		4000 Marston at Onco		7.733		
Enter new mailing address, if applicable:	1800 Montreal Cou		سان، سام	2; ; (f		
(Mailing address MAY BE A POST OFFICE B	Tucker, GA 30084			-		
				≥ Q		
B. If amending the registered agent and/or registered agent and/or the new registered office	-		ords, <u>enter</u>	the name of	the new	
Name of New Registered Agent:	Marcy Hoffn	man				
New Registered Office Address: 931 Village Boulevard, Suite 905-495 Enter Florida street address						
		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.

Marcy Hoffman.

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 Address **Type of Action** Title Title <u>Name</u> MGRM Barry Roderman 500 West Cypress Creek Road, #550 Ft. Lauderdale, FL 33309 ☐ Add Remove Andrea Reilly MGRM ☐ Add 500 West Cypress Creek Road, #550 Ft. Lauderdale, FL 33309 ✓ Remove MGRM Stuart Cohen 1800 Montreal Court, Suite D ✓ Add Tucker GA 30084 Remove Robert Hoffman MGRM √ Add 2557 Seminole Court Remove West Palm Beach, FL 33407 $\prod Add$ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated _____ May 25 2011 Signature of a member or authorized representative of a member Amorea Will Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00