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EXAMINER

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COVER LETTER

TO: Registration Division of	n Section Corporations				
SUBJECT:	Embass	sy Clothing, LLC			
		nited Liability Company			
	s of Amendment and fee(s) are su	-			
		Joseph A. Lucas			
		Name of Person		•	
	Emba	ssy Kingdom Apparel, LL	.C		
Firm/Company				•	
6290		NW 173 Street, Apt # 12	7	2011 FAC	
Hialeah, FL 33015 City/State and Zip Code Embassyclothing@yahoo.com					
		Hialeah, FL 33015		2011 MAR 21	F
		•	· · · · · · · · · · · · · · · · · · ·	PH 2	E. I
	E-mail address:	to be used for future annual report no	otification)	မှူး သ	- Aller Marie
For further information	on concerning this matter, please	call:		69	
	oseph A. Lucas	at (786)	374-8599		
Nam	ne of Person	Area Code & Dayt	time Telephone Number	ſ	
Enclosed is a check for	or the following amount:				
▼ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclos	sed) Certified	te of Status &	osed)
MA	ILING ADDRESS:	STREET/COU	RIER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

En	nbassy Clothing, LLC			
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appe orida Limited Liability Company	ars on our records.)		
The Articles of Organization for this Limited Liab	ility Company were filed on	March 15, 2011	and assig	ned
Florida document numberL1100003159	97 .			
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	e limited liability company he	ere:		
Embas	ssy Kingdom Apparel, LLC			
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Comp	pany," the designation "LL	C" or the abb	reviation
Enter new principal offices address, if applicable	e:	au (23	
(Principal office address MUST BE A STREET A	ADDRESS)	Į		
		به توهیل علاقه برخوب برخوب برخوب	R	γ
		<u> </u>	<u> 2</u>	incident.
Enter new mailing address, if applicable:		ن ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا	<u> </u>	<u> </u>
(Mailing address MAY BE A POST OFFICE BO	<u></u>	(*************************************	-	
		100	<u>်</u> ဤ မော	
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter the	name of	the new
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 = I	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add
			Add
			Remove T
D. If amen	ding any other information, enter chan	nge(s) here: (Attach additional sheets, if necessa	Remove
 -			
			. <u>. </u>
	^		
Dated	Lu	on or outhorized representative of a manufact	
		er or authorized representative of a member A. Was d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00