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SECRETARY OF STATE

T. HAMPTON

OCT - 8 2011

EXAMINER

# **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Come On Apparel 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:				
Janey Ellis Name of Person  Come On Apparel LLC Firm/Company				
3630 gardens Parkway #1202				
PBG, FL 33410  City/State and Zip Code  Oneyellis @ ymail.com  E-mail abdress: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Taney E11/5 at 501 308-8273  Name of Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:  \$25.00 Filing Fee \$\text{S55.00 Filing Fee & Certificate of Status}\$  Certificate of Status \$\text{Certified Copy (additional copy is enclosed)}}  \$\text{Certified Copy (additional copy is enclosed)}\$				
MAILING ADDRESS: STREET/COURIER 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

FILED

2011 SEP 30 AM 11: 15

(Name of the Limited Liability Compan) (A Florida Limited Lia	oave	- CULTAHAS	RY OF STATE SEE, FLORIDA
(A Florida Limited Lia The Articles of Organization for this Limited Liability Company w Florida document number 11000109454		9/23/2011	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company l	<u>iere</u> :	;
The new name must be distinguishable and end with the words "Limite"L.L.C."	d Liability Con	npany," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			····
(2) The tipes of the time to the tipes of th			•
			; ;
Enter new mailing address, if applicable:			, 1 1
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>		
Maning dairess MAT BE A POST OFFICE BOX)			1
	. ,		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address o	n our records, <u>enter</u>	the name of the new
			•
Name of New Registered Agent:			
New Registered Office Address:			,
	•	Enter Florida street add	dress
		, Florida	1
	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 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 Address **Title** Name Remove ☐ Add ☐ Remove Add Remove  $\square$ Add Remove  $\Box$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.): 4.1 September 28, 2011 Signature of a member of a difficulty of a member Taney ElliS
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00