111000118984

My Corporation Business Services, Inc. — 23586 Calabasas Road, Suite 102 Calabasas, CA 91302 (Address)					
(Cit	y/State/Zip/Phone	e #)			
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SECRETARY OF STALE
TALLAHASSEE, FLORIDA

J. SAULSBERRY EXAMINER NOV 3 0 2011

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

GOD GLORIFYING	APPARELS &	MORE, LLC		
(<u>Name of the Limited Liability Co</u> r (A Florida Limit	mpany as it now a ted Liability Comp	ppears on our reco any)	<u>ras.</u>)	
The Articles of Organization for this Limited Liability Comp	oany were filed or	1 <u>10/18/2011</u>	aṇd,ass	igned
Florida document number <u>L11000118984</u> .			20 1	
This amendment is submitted to amend the following:	:		I NOV 28 AL	-
A. If amending name, enter the new name of the limited	liability compan	y here:	A D U	
GOD GLORIFYING APPAREL & MORE, LLC			RITE S))
The new name must be distinguishable and end with the words "I" "L.L.C."	Limited Liability C	Company," the design	nation "LLC" or the a	ubbreviation
B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent:		,		,
				
New Registered Office Address:	-	(Enter Florida s	treet address)	
	, Florida			
The state of the s	(City)	7	(Zip Cod	!e)
New Registered Agent's Signature, if changing Registered Ag	ent:			
I hereby accept the appointment as registered agent and the provisions of all statutes relative to the proper and co accept the obligations of my position as registered agent	omplete perform	ance of my duties,	, and I am familiar	with and

Page 1 of 2

(If Changing Registered Agent, Signature of New Registered Agent)

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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = M	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
	——————————————————————————————————————		Add Remove
			AddRemove
			Add Remove
D. If amend	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessar	ZOLI NOV 28 AM 10: 00 SECRETARY DE STATE
Dated	Signature of a membe	er or authorized representative of a member	·
	Libardo Alvarez, Member		
	Typer	or printed name of signee	

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