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| ΓΟ: Registration S Division of Co | | • | | | | |
| SUBJECT: | NUZ | PROFIT | T-SHIRTS ed Liability Company | LLC | | |
| | | Name of Limit | ed Liability Company | 1 | ······································ | |
| The enclosed Articles o | f Amendment : | and fee(s) are sub | mitted for filing. | | | |
| Please return all corresp | ondence conce | rning this matter | to the following: | | | |
| | | 1A2AH | J SHOAL | 3 | | |
| | | | Name of Person | | | |
| SUN PROPIT T-SHIRTS, L | | | | | <u></u> | |
| | | | Funix ompany | | | |
| | | 4728 | NW 165th | STRE | ET | |
| | | | Address | | | |
| | | IMAIM | GACDEN'S City/State and Zip Code | , PL 3 | 33014 | |
| | 4.000 | | City/State and Zip Code | , - | _ | |
| | | E-mail address: (t | o be used for future annual re | eport notification | 1) | |
| For further information | concerning this | s matter, please c | all: | | | |
| MAZAH | 1 8H0 | A I R | 2.1 2 | ما الله ا | 2 I | |
| | of Person | AID | at (<u>3o\$)</u> Area Code | & Daytime Tele | | |
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| Enclosed is a check for | the following a | mount: | | | | |
| \$25.00 Filing Fee | | Filing Fee & cate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is | enclosed) | \$60.00 Filing I Certificate of Certified Cop (additional co | Status & |
| MAILING ADDRESS. | | CTDEET | COUDIED A | INDDECC. | | |

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 CRETARY OF STATE OF COMPORAL SAS

| Com Confirm T CHIOT | 3 LLC 12 JUL 27 PM 2: 35 | | | |
|--|--|--|--|--|
| SUN. PROFIT T-SHIRT (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our records.) | | | |
| The Articles of Organization for this Limited Liability Company Florida document number | were filed on May 21, 2012 and assigned | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liab | ······································ | | | |
| The new name must be distinguishable and end with the words "Lim"L.L.C." | ited Liability Company," the designation "LLC" or the abbreviation | | | |
| Enter new principal offices address, if applicable: | SAME | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 4728 NW 165th STREET MIANT GARDENS FL 33014 | | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her | | | | |
| Name of New Registered Agent: | SAME | | | |
| 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 = Managing Member Title <u>Name</u> Address **Type of Action** SHOAB MGR HASAN MGR YUSUF \square Add Remove Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member HASAN SHOAIB. Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00