LJ2000095576

(Re	equestor's Name)	
(Ad	ddress)	
(Ad	ddress)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Bu	isiness Entity Name)	
(Document Number)		
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Special Instructions to	Filing Officer:	

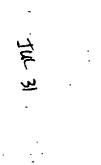
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Registration Section

P.O. Box 6327

Tallahassee, FL 32314

TO:

Division of Cor	porations		
. 3 4 5 8 9 9 9 9 9 9 9 9 9 9 9 9 9	IEADWEAR LLC		
SUBJECT:	Name of Limited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	-	
1		tv die tviid izing.	
	DALUN SMITN		
	-,	Name of Person	
	REPPIN CLOTHING HE	ADWEAR LLC	
Pirm/Company			
	PO BOX 56274		
	 	Address	
	LITTLE ROCK, ARKAN	SAS 72215	
		City/State and Zip Code	
	DALUNRAY@MAC.COM		
		to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please co	ill;	
DALUN SMITH		501 4164428	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S	Section	Street Address: Registration Sec	
Division of Corporations		Division of Corp	porations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REPPIN HEADWEAR LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 12/20/2013	and assigned
Florida document number L12000095576		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name	of the new registere
		. 57
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	() () () () () () () () () ()
New Registered Office Address:		
	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 provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as paking filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am for rovided for in Chapter 605, F.S. Or, i	uniliar with and if this document is

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being addedor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	HAROLD SMITH	4311 west 11th street little rock, AR 72204	🗆 Add
			Remove
			□ Change
MGR 1	TERRANCE CLARK	Po Box 80402 Austin, TX 78708	🗆 Add
			Remove
			□Change
			□Add
		***************************************	□Remove
			□Change
			🗀 Add
			□Remove
			Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing:

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated _____ Signature of a member or authorized representative of a member **DALUN SMITH**

Typed or printed name of signee

COVER LETTER

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TO: Registration Section Division of Corporations

REPPIN SUBJECT:	HEADWEAR LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	DALUN SMITN		
		Name of Person	
	REPPIN CLOTHING HE	EADWEAR LLC	
		Firm/Company	
	PO BOX 56274		
		Address	
	LITTLE ROCK, ARKAN	SAS 72215	
		City/State and Zip Code	
	DALUNRAY@MAC.COM		
		to be used for future annual report not	ification)
For further information of	concerning this matter, please co	all:	
DALUN SMITH		501 4164428	
Name of Person		at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration: Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Pallahassee e Street, Suite 810