# L13000025463

| (Rec                      | questor's Name)  |             |
|---------------------------|------------------|-------------|
| (Add                      | dress)           |             |
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| (City                     | //State/Zip/Phon | e #)        |
| PICK-UP                   | ☐ WAIT           | MAIL        |
| (Bus                      | siness Entity Na | me)         |
| (Doc                      | cument Number    | )           |
| Certified Copies          | _ Certificate    | s of Status |
| Special Instructions to I | Filing Officer:  |             |
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### **COVER LETTER**

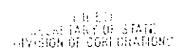
| Division of Co            | rporations                                      |   |   |
|---------------------------|---|---|---|
|                           | OTH SHIRT WORLD, LLC                            |   |   |
| SUBJECT:                  | Name of Lim                                     | ited Liability Company  | <del>-</del>  |
| The enclosed Articles of  | f Amendment and fee(s) are sub-                 | mitted for filing.  |   |
| Please return all corresp | ondence concerning this matter                  | to the following:   |   |
|                           | Morgan Codell                                   |   |   |
|                           | <del></del>                                     | Name of Person  |   |
|                           | TABLECLOTH SHIRT W                              | ORLD, LLC   |   |
|                           |   | Firm/Company  | <del> </del>  |
|                           | 111 SPRINGHALL DRIV                             | E   |   |
|                           |   | Address   |   |
|                           | GOOSE CREEK, SC 2944                            | 15  |   |
|                           |   | City/State and Zip Code   | <del></del>   |
|                           | morgan.codell@hirequestile                      |   |   |
|                           | E-mail address: ()                              | to be used for future annual report no                              | otification)  |
| For further information   | concerning this matter, please ca               | all;  |   |
| Morgan Codell             |   | 843 469-8910  |   |
| Name                      | of Person                                       | att ()<br>Area Code Dayti   | ime Telephone Number  |
| Enclosed is a check for   | the following amount:                           |   |   |
| □ \$25,00 Filing Fee      | □ \$30.00 Filing Fee &<br>Certificate of Status | ■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |

TO: Registration Section

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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| TABLECLOTH SHIRT WORLD.   |   |  |
|---|---|--|
| (Name of the Lim  | ited Liability Company as it now appe-<br>(A Florida Limited Liability Company) | us on our records.)                            |
| The Articles of Organization for this Limited I<br>Florida document number L13000025463 | Liability Company were filed on $\frac{F}{f}$                                   | ebniary 19, 2013 and assigned                  |
| This amendment is submitted to amend the fol  | lowing:   |  |
| A. If amending name, enter the new name   | of the limited liability company h  | nere:  |
| The new name must be distinguishable and contain the                                    | words "Limited Liability Company," the  | designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if appli   | cable:  |  |
| (Principal office address MUST BE A STRE  | ET ADDRESS)   |  |
|   |   |  |
| Enter new mailing address, if applicable:   |   |  |
| (Mailing address MAY BE A POST OFFICE   | E BOX)  |  |
|   |   |  |
| B. If amending the registered agent and/or agent and/or the new registered office addr  | ·   | records, enter the name of the new regi        |
| Name of New Registered Agent:   | Ben Rasmussen   | ·  |
| New Registered Office Address:  | 4200 54th Avenue North  |  |
|   |   | orida street address                           |
|   | St. Petersburg  | Florida 33714                                  |
|   | Ciţ   | Zip Cock                                       |

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 605, 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 hability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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

| Cont | A | Cont | A | Cont | A | Cont | A | Cont | Cont

MGR = Manager AMBR = Authorized Member

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| <u>Title</u> | <u>Name</u>    | Address                    | Type of Action |
|--------------|----------------|----------------------------|----------------|
| AMBR         | Jarrett Lindon | 4560 Great Oak Drive       | □Add           |
|              |                | North Charleston, SC 29418 | ■Remove        |
|              |                |                            | Change         |
| AMBR         | Morgan Codell  | 111 Springhall Drive       | <b>≣</b> ∆dd   |
|              |                | Goose Creek, SC 29445      | ©Remove        |
|              |                |                            |                |
|              |                |                            |                |
|              |                |                            | EReniove       |
|              |                |                            | □Change        |
|              |                |                            | □ Add          |
|              |                |                            | □Remove        |
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|              |                |                            | □Add           |
|              |                |                            | □Remove        |
|              |                |                            | □('hvnge       |

| D. If amending any other information, enter changets) here: (Attach additional sheets,  |  | PR 3: 44   |
|---|--|--|
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|   |  | <del></del>  |
|   |  |  |
| E. Effective date, if other than the date of filing:  (I) an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 da  Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records. | _(optional)<br>ys after filing ) Ponts, this date wi | ursuant to 605 0207 (3 gb<br>Il not be listed as the |
| If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie record is filed  | rof. (b) The 9                                       | 0th day after the                                    |
| Dated MARCH 15 2021   |  |  |
| Signature of a member or authorized representative of a member  JAPPETT LINSON  Typed or printed name of signee   |  |  |