L13000062669

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TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

WEAR IT	WELL, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Chase A. Berger, Esq.		
		Name of Person	
	Ghidotti Berger LLP		
		Firm/Company	
	1031 N. Miami Beach Bou	levard	
		Address	<u> </u>
	North Miami Beach, FL 33	3162	
		City/State and Zip Code	
	cberger@ghidottiberger.com	n to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	•	(meanin)
Chase A. Berger, Esq.		305 501.2808	
Name o	f Person	at ()	ne Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
** ***			
Mailing Address: Registration Section		<u>Street Address:</u> Registration Se	ection
Division of Corporations		Division of Co	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OF	
WEAR IT WELL, LLC		on our records.) 0/2013 and assigned
(<u>Name of the Lim</u>	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited L	Liability Company were filed on $\frac{04/30}{1}$	0/2013 and assigned
Florida document number L13000062669		5,
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company here	2:
The new name must be distinguishable and contain the	words "Limited Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STREE	ET ADDRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE		
B. If amending the registered agent and/or	registered office address on our rec	ords, enter the name of the new registered
agent and/or the new registered office addre		
Name of New Registered Agent:	Ghidotti Berger LLP	
New Registered Office Address:	1031 North Miami Beach Boulevar	
		a street address
	North Miami Beach	, Florida ³³¹⁶²
	Ciŋ:	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 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 liability 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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□ Add
		<u></u>	□Remove
			□ Change
			□ Add
			□Remove
			□ Change
			□Add
			□ Remove
			□Add
			□Remove
			□Add
			□Remove
			
			□Add
			□Remove

Page 2 of 3

). If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff <u>Note:</u>	ve date, if other than the date of filing:
the rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated .	- April 2, 2020.
	Signature of a member or authorized representative of a member
	Chase A. Berger Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00