14600165226

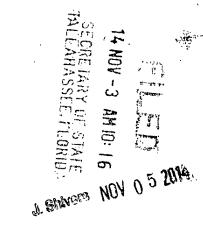
| (Re | questor's Name) | |
|-------------------------|-------------------|-----------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | cument Number) | · |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |

Office Use Only



000265907110

11/03/14--01052--006 **30.00



COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Thread Works Embroidery, LLC Name of Limited Liability Company |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Georgeana Myers Name of Person |
| Thread Works Embroidery, LLC Firm/Company |
| 3332 S.E. 34th Ave. |
| OKeechobee, FL. 34974 City/State and Zip Code |
| E-mail address: (to be used for future annual report portification) |
| For further information concerning this matter, please call: |
| Georgeana Myers at (863) 634-1940 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\ \times \text{\$30.00 Filing Fee & Certificate of Status} \tag{\$55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \tag{\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} |

MAILING ADDRESS:

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liabilit | S Embroidery, LLC y Company as it now appears on our reco Limited Liability Company) | ords.) |
|---|--|--|
| The Articles of Organization for this Limited Liability Co Florida document number <u>L140001658ac</u> | ompany were filed on $\frac{10}{23}$ | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limi | ted liability company here: | |
| The new name must be distinguishable and end with the words "Lin | nited Liability Company," the designation " | LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDR | ESS) | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| K | | |
| B. If amending the registered agent and/or regist | | rds, enters the new |
| | | S J |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street ada | ress Press |
| | | المنابع المناب |
| | City | Florid: 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

Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|---------------|-----------------|--|---|
| MGR | Georgeana Myers | 3332 S.E. 34 th Ave. OKeechobee, FL. 34974 | X Add |
| | | OKeechobee, FL. 34974 | ☐ Remove |
| | | | |
| | | | |
| | | | Remove |
| | | <u> </u> | Add |
| | | | Remove |
| | | | Add |
| | | 44 T T T T T T T T T T T T T T T T T T | LAHASSI |
| | | | Add Add ARCRE Memove SCRETARY OF STATE Add Add Add Add Add Add |
| | | | □ Remove |
| | | | |
| , | | W-W-W-W-W-W-W-W-W-W-W-W-W-W-W-W-W-W-W- | |
| | | | □ Remove |
| | | | |

| · —— | | |
|--|--|---|
| · | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Effective d | late, if other than the date of filing: | (ontional) |
| Effective d (The effective the date this | late, if other than the date of filing: date must be specific, cannot be prior to date of receipt or document is filed by the Florida Department of State) | (optional) filed date and cannot be more than 90 days after |
| Effective d (The effective the date this | document is filed by the Florida Department of State) | |
| the date this | October 30 th , 2014 | ·· |
| the date this | October 30 th , 2014 | ·· |
| the date this | October 30 th , 2014 | |
| the date this | October 30 th , 2014 | horized representative of a member |

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE