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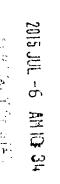
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COVER LETTER

TQ:	Registration Sec Division of Cor			
	lech Appar	el, LLC		
SUB,	JECT:	Name of Limi	ited Liability Company	
The e	enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Pleas	e return all correspo	ndence concerning this matter	to the following:	
		Vernon Shazier		
			Name of Person	
		Tech Apparel, LLC		
			Firm/Company	
		8322 NW 43rd Street		
			Address	
		Coral Springs, FL 33065		
		vernonshazier@gmail.com	City/State and Zip Code	
		- -	to be used for future annual report notif	ication)
For f	urther information co	oncerning this matter, please ca	ali	
Vern	on Shazier		954 663-6297 at ()	
	Name o	î Person		: Telephone Number
Enclo	osed is a check for th	ne following amount:		
= \$	325.00 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 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Te	ech Apparel, LLC			
(Name of the Limited Liah (A Flor	ility Company as it now appea ida Limited Liability Company)	ers on our records.)		
The Articles of Organization for this Limited Liability Florida document numberL14000189570	Company were filed on	December 12, 2014	and ass	igned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability company h	<u>iere</u> :		
Tech Apparel & Bedding, LLC				
The new name must be distinguishable and contain the words "L	imited 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 ADI	DRESS)			
Enter new mailing address, if applicable:			2015 11	***************************************
(Mailing address MAY BE A POST OFFICE BOX)				er west
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac	gistered office address o ldress here:	n our records, <u>ent</u>	er the name	of the nev
Name of New Registered Agent:				
New Registered Office Address:	r. ri	11		
•	Enter Flo	orida street address		
	City	, Florida	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	e, <u>enter the title</u>	<u>, name, and</u>	address of	each person	being added
or removed from our records:			·—		
•					

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	June 30		2015					
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		Signature of a r	nember or author	rized representat	ive of a member			
		,						
			Vernon J. S					

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Filing Fee: \$25.00