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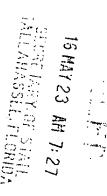
(Re	equestor's Name)	
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MAY 24 2016 J SHIVERS

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: D	emure Appo	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Kevin	Mack Name of Person	
		Apparel LLC	
	130 SW 4+h	. ,	
	Homestead	FL 33030 City/State and Zip Code	
	Kevin mack E-mail address:	ops @ Gimail. Cor to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
<u>Kerm</u>	Mack f Person	at (<u>305</u>) <u>495 -</u> Area Code Daytime	1934
. Tuille		Their Couc Dayline	receptions runned
Enclosed is a check for the	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 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

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L1500071818</u> . This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company of the liability company of t	16 MAY 23
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: <u>Principal office address MUST BE A STREET ADDRESS</u>	130 Sw 4th Avenue Apt. 2 Homestead FL 33030
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	130 Sw 4th Avenue Apt. 2 Homestead FL 33030
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:	
New Registered Office Address: 130 5	J 4th Are APt. 2
Homest	Enter Florida street address Pod , Florida 33030 City 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_being added or removed from our records</u>:

MGR = MR $AMBR = AR$	anager uthorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	Yolanda Mack	2055 Se 14th Ct	TØ Add
		Homestead FL 33035	Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
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			🗆 Add
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	22 23
	7: 2
fective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be prior to obe: If the date inserted in this block does not meet the applicable	date of filing or more than 90 days after filing.) Pursuant to 605.0 e statutory filing requirements, this date will not be listed
ocument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not a The 90th day after the record is filed.	an effective time, at 12:01 a.m. on the earlie
ated 5/20, 2016	
	111

Page 3 of 3

Filing Fee: \$25.00