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UBJECT:	FATS COL	LECTIBLES LLC		
OBJECT.		Name of Lim	ited Liability Company	
he enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
lease return	all correspo	ndence concerning this matter	to the following:	
		Nathan Soowal		
			Name of Person	
			Firm/Company	
		2750 NE 48th Street		
			Address	
		Lighthouse Pt, Florida 330	64	
			City/State and Zip Code	
		natesoowal@yahoo.com		
		E-mail address: (to be used for future annual report not	ification)
or further i	nformation c	oncerning this matter, please ca	all:	
Nathan Soo	wal		954 531-4851 at ()	
	Name o	f Person		ne Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00 I	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

FATS COLLECTIBLES LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp.		nd assigned
lorida document number L15000101817		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited	liability company here:	
AFNS Merchandise LLC		
he new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the abbreviat	on "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	71	
Frincipul office uddress MUST BE ASTREET ADDRESS	<u> </u>	
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	re)	2
		<u> </u>
3. If amending the registered agent and/or registered	d office address on our records, enter the n	ame of the ne
egistered agent and/or the new registered office address		{***}*```\
	i light Tell	3
Name of Nam Bookstoned Accepts	124 1 124 1 12 - 1	₩
Name of New Registered Agent:	#점구크 교육()	<u> </u>
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
		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

MGR = M AMBR = A	lanager uthorized Member		
<u> Fitle</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00