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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Carrying the Ayk International, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Phillip W. Turner Name of Person
L'irm/Company
10090 Tuller Loop Apt. 202
Winter Garden, FL 34787 Crowns down clothiers egmail. com
E-mail address: (to be used for future annual report nonflication)
For further information concerning this matter, please call:
Name of Person at 1 407, 927 - 5900  Area Code Daytime Telephone Number
,
Enclosed is a check for the 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)  Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Fl. 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Carrying the Ark In	ternational, LLC
(A Florida Limited L	is as a now appears on our records.)
CATTING THE Limited Liability Company of the Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Liability Company of t	were filed on August 25, 2015 and assented
This amendment is submitted to amend the following:	΄ σ
A. If amending name, enter the new name of the limited liabile Crowns Down Clothiers, LU The new name must be distinguishable and contain the words "I mused Liabili	lity company here:
The new name must be distinguishable and contain the words "I muted Liabili	ity Company," the designation "El C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
/	Florida
	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, enter the title, name, and address of each person\_being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
			□ □ Add
			C.Change
		<i>-</i>	□Remove
			Change
			\(\tau\)
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			□ □ Add
			Emove
			□Change
			□Remove

## Page 2 of 3

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E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to dat  Note: If the date inserted in this block does not meet the applicable s document's effective date on the Department of State's records.	
If the record specifies a delayed effective date, but not an (b) The 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier of:
Dated June 24 2020 Signature of a number or authorized	representative of a member
Phillip W. Typed or printed nan	Une of signee

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Filing Fee: \$25.00