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ГО:	Registration Se Division of Cor			
	73	Speciality	Apparel and More, LLC	
SUBJE	ECT:			
		Name of Limi	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
			William H. Crawford	
			Name of Person	.
		Т	hompson, Crawford, & Smiley	
		***	Firm/Company	
			1330 Thomasville Road	
			Address	
			Tallahassee, Florida 32303	
			City/State and Zip Code	
			william@tcslawfirm.net	
		E-mail address: (to be used for future annual report no	otification)
For fur	ther information c	oncerning this matter, please ca	all:	
	William 1	H. Crawford	850 at () Area Code Dayt	556-6554
	Name o	f Person	Area Code Dayt	ime Telephone Number
Enclos	ed is a check for the	ne following amount:		
3 \$2	5.00 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

•		and More, LLC		1583 1833	0 510	"["]
(<u>Name of the Limited I</u> (A	iability Compan Florida Limited L	ny as it now appear iability Company)	s on our records.)	TAR ASSI	T .	Mariero ga Mariero ga
The Articles of Organization for this Limited Liabi Florida document number	ng:		s on our records.) September 16, 20	Y OF STATE EESTLORIDA	or the same of the	知 フ
The new name must be distinguishable and contain the word	s "Limited Liabili	ty Company," the d	esignation "LLC" or the	ne abbreviat	ion "L.L.C.	19
Enter new principal offices address, if applicabl	e:	4532 Childress	Frail			
(Principal office address MUST BE A STREET A	(DDRESS)	Frisco, Texas 75	5034		 	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or registered agent and/or the new registered office	registered of		5034	ter the r	name of	the nev
	William H. Cray					
Name of New Registered Agent:						
New Registered Office Address:	1330 Thomasvil		ida street address			
		Tallahassee		32	2303	
-		City	, Florida	a	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Bob W. Franklin	3255 Appleton Drive	□ Add
		Tallahassee, Florida 32311	■ Remove
			Change
MGR	Kathryn S. Franklin	3255 Appleton Drive	_ □ Add
		Tallahassee, Florida 32311	■ Remove
			Change
MGR	Ranee Atchison	4532 Childress Trail	
		Frisco, Texas 75034	□ Remove
			☐ Change
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