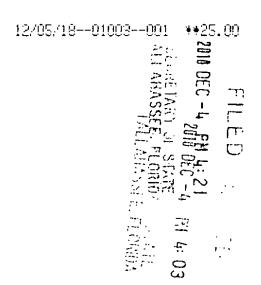
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S. PRATHER

COVER LETTER

SUBJECT:	Specialty A	apparel and More, LLC		
SUBJECT		Name of Lin	nited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		William H. Crawford		
		Thompson Crawford & Sr	Name of Person niley	
		1330 Thomasville Rd.	Firm/Company	
		Tallahassee, FL 32303	Address	
		william@teslawfirm.net	City/State and Zip Code	
For further in	iformation c	E-mail address: (oncerning this matter, please c	to be used for future annual report notif all:	ication)
William Crav			850 386-5777 at ()	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25,00 F	iling 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:

TO:

Registration Section Division of Corporations

> 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

Specialty Apparel and More, LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited	nnv as it now appears on our rec Liability Company)	SS Y
The Articles of Organization for this Limited L Florida document number L15000157467	iability Company	were filed on September 16,	2015 Fand assigned
This amendment is submitted to amend the following	owing:		2 2
A. If amending name, enter the new name of	of the limited liab	oility company here:	
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation "I	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	3688 Biltmore Ave.	
(Principal office address MUST BE A STREE	ET ADDRESS)	Tallahassee, FL 32311	
Enter new mailing address, if applicable:		3688 Biltmore Ave.	
(Mailing address MAY BE A POST OFFICE	BOX)	Tallahassee, FL 32311	
B. If amending the registered agent and registered agent and/or the new registered o			ords, enter the name of the new
Name of New Registered Agent:	Bob W. Frankl	in	
New Registered Office Address:	3688 Biltmore		
-		Enter Florida street ad	dress
	Tallahassee	,	Florida 32311
		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

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Effective date, if other than the date of filing:	iling.) Pursuant to 605.0207
ne record specifies a delayed effective date, but not an effective time, at 12:01 a. The 90th day after the record is filed.	m. on the earlier of
The 90th day after the record is filed.	m. on the earlier of
Dated	
The 90th day after the record is filed.	2010 ai i

Page 3 of 3

Filing Fee: \$25.00