# 116000002625

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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#### **COVER LETTER**

TO: , Registration Section

Division of Co	rporations		
	nique LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Patrice Mosby		
		Name of Person	**
	T Shirts Unique LLC		
		Firm/Company	
	6851 Nw 5th Ave		
		Address	
	Ocala, Fl 34475		
	<del> </del>	City/State and Zip Code	,
	tshirtsuniquellc@gmail.con	n to be used for future annual report not	ification)
For further information	concerning this matter, please c	·	,
Patrice Mosby	•	786 366-5627	
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	the 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)
دائد به ۳ ن	Ention Section	Registration Secti	
Divisi	ion of Corporations	Division of Corpo	prations
Tall	,	Zv	• •

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

T Shirts Unique LLC		
( <u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	***************************************
The Articles of Organization for this Limited Liab	rility Company were filed on 01/05/2016	and assigned
Florida document number L16000002625	<del>-</del>	
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
		16
B. If amending the registered agent and/or	_	
registered agent and/or the new registered offic	e address here:	8 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
		ार्ड इ.स.
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
	Enter Florida street address	**************************************
	, Florid	a
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR Dorthy	Dorthy Archer	3200 Se 50th Ct B	Add
		Ocala, FL 34480	■ Remove
			□ Change
MGR F	Patrice Mosby	6851 Nw 5th Ave	■ Add
		Ocala, FL 34475	Remove
			☐ Change
			□ Add
			□ Remove
			□ Change
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ective date, if other than the date effective date is listed, the date must be s	of filing:		(option	nal) 🌅 🖟	40	

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Filing Fee: \$25.00