## 1160000059030

(Requestor's Name)
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(Document Number)
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T. MATTHEWS MAR 28 2022

## **COVER LETTER**

TO:

TO: Registration So Division of Cor			
	ND CLOTHING COMPANY	LLC	
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ryan L. Register		
		Name of Person	
	Flatsland Clothing Compa	ny LLC	
		Firm/Company	···
	3554 Austin Davis Avenue	2. Unit 104	
	<del></del>	Address	
	Tallahassee, FL 32308		
		City/State and Zip Code	
	ryan@flatslandclothing.con		
For further information c	n-mail address: ( concerning this matter, please c	to be used for future annual report notif all:	ication)
Ryan L. Register		850 228-9259	
Name o	d Person	at () Area Code Daytimo	: Telephone Number
Enclosed is a check for the	he 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)
Mailing Addres Registration S		Street Address: Registration Sec	stion
Division of C		Division of Corp	
P.O. Box 632	.7	The Centre of T	allahassee
Tallahassee.	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

FLATSLAND CLOTHING COMPANY LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited L Florida document number 1.46000059020		were filed on 05/2	and assigned		
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	ility company her	<u>re</u> :		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company." the de	signation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if appli	cable:	3554 Austin Dav	is Avenue, Unit 104		
(Principal office address MUST BE A STREI	al office address MUST BE A STREET ADDRESS)		Tallahassee, Florida 32308		
Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and/or agent and/or the new registered office addre	registered office :	Tallahassee, Flori			
Name of New Registered Agent:	Ryan L. Registe	er			
New Registered Office Address:	3554 Austin Da	wis Avenue, Unit 10	ч		
		Enter Florid	la street address		
	Tallahassee		Florida 32308		
		City	Zip Code		

## 1

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
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			Remove
			□Change
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