L160000 69257

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SECRETARY OF STATE
IALLAHASSEE FLORIDA
18 JUL 25 PM 2: 03



JUL 2 7 2016 S. YOUNG

COVER LETTER

TO: Registration S Division of Co			
	plu Southan c	LC ited Liability Company	
The enclosed Articles of	'Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Charles	Angle Name of Person	
		Firm/Company	
	1438 S. River.	side Dr. Address	25
			·
	<u>Cdtreefarm</u> E-mail address:	FL 32903 City/State and Zip Code a) 9 moil. com to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca		
Charles C	Ingle of Person	at (<u>321</u>) 412 - 14 Area Code Daytime	416 Telephone Number
Enclosed is a check for t	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)
MAII	ING ADDRESS:	STRFFT/COURI	FR ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Simply Southern L (Name of the Limited Liabil (A Florid	Ity Company as it now appears on ou	ır records.)	
(A Florid	da Limited Liability Company)		
The Articles of Organization for this Limited Liability (igned
Florida document number 16000069257	.		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
Pure Dutlaw Clothing Co. L	1.0		_
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designat	ion "LLC" or the abbreviation "L.	L.C."
Enter new principal offices address, if applicable:		\ :i)	55 S
(Principal office address MUST BE A STREET ADD	ORESS)	<u></u>	五篇
(11 methin office mantess meet blanch meet, meet	ALLOD)	L2	2-22
			71.7
Enter new welling address if applicables			ا دار)
Enter new mailing address, if applicable:		!	
(Mailing address MAY BE A POST OFFICE BOX)			1 (2 ⁴ 2)
B. If amending the registered agent and/or registered agent and/or the new registered office ad		records, enter the name	of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida str	eet 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:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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f an effective date is listed Note: If the date inser	er than the date of fi d, the date must be specific ted in this block does no ate on the Department	and cannot be prior to ot meet the applica	o date of filing or more ble statutory filing re	(optional) than 90 days after filing.) equirements, this date v	Pursuant to 605.020 will not be listed as
e record specifies The 90th day aft	a delayed effectiver the record is file	e date, but not ed.	an effective tim	e, at 12:01 a.m. c	on the earlier o
Dated <u>uly</u>	21 st.	2010			
	- Nicomotiume o	a a member di eusko	rized representative of	member	

Page 3 of 3

Filing Fee: \$25.00