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COVER LETTER

	istration Sec ision of Corp					
SUBJECT:	Zone Athlet	tic Apparel, LLC.				
-		Name of Limited Liability Company				
		Amendment and fee(s) are sub	_			
Please return	all correspon	idence concerning this matter	to the following:			
		Isaac Drouin				
			Name of Person			
			Firm/Company			
		6405 Pompano St.		·	•	***
			Address		2018 3E TAL	
		Jupiter Fl 33458			2018 AUG SECRES	<u></u>
			City/State and Zip Code		- 1 1537 1-	
		info@rouenactivewear.co		*7*****		M
			to be used for future annual report	nontication)	10 S 7	
For further in	iformation co	ncerning this matter, please ca	all:		2: 42 S 74:0 LORIDO	
Isaac Droui	n		561 316-742	20	**	
	Name of	Person		ytime Telephone Number		
Enclosed is a	check for the	e following amount:				
\$25.00 F	iling Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

MAILING ADDRESS:

1.

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

Zone Athletic Apparel, LLC.		
(Name of the Limited	Liability Company as it now appears on our records.) V Florida Limited Liability Company)	
The Articles of Organization for this Limited Lial Florida document number L16000133499	bility Company were filed on 07/15/2016 and assi	gned
his amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
Rouen Activewear, LLC.		
he new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.1	C."
Enter new principal offices address, if applical	ble:	·
<u>Principal office address MUST BE A STREET</u>		
	表質ら	
	SSR -	``[
Enter new mailing address, if applicable:	다 (1 년 년 년 년 년 년 년 년 년 년 년 년 년 년 년 년 년 년	111
Mailing address MAY BE A POST OFFICE B	ox) 50 N	
	9m 5	
3. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office address on our records, enter the name of ce address here:	of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street 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:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
			□ Add
			Remove
			☐ Change
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ective date, if other than a effective date is listed, the date	the date of filing:	be prior to date of fi	ling or more than 90 da	(optional) ivs after filing.) Pursuan	it to 605.02
te: If the date inserted in the cument's effective date on the	s block does not meet the	applicable statut			
record specifies a dela he 90th day after the		out not an effe	ective time, at 12	2:01 a.m. on the	earlier
ed	2018	3			
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Typed or printed name of signee

Filing Fee: \$25.00