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COVER LETTER

TO:	Registration Section Division of Corporat		•		
SUBJI	ЕСТ:	Die or F	14 Apparel, LLC ted Liability Company		
		Name of Emil	ica Elability Company		
The en	closed Articles of Amer	ndment and fee(s) are subm	nitted for filing.		
Please	return all correspondence	ce concerning this matter t	o the following:		
	_	Coc	Dali UKi Name of Person	.	
		\mathcal{J}	se or Fly Appare Firm/Company	I, LLC	
			3823 Pathfinder Address	Drive	SEGRETALIAN TALL'ALL'ALL'ALL'ALL'ALL'ALL'ALL'ALL'ALL
			nper /FL / 33625 City/State and Zip Code		TAHASSEE FLORID
		F_mail address (to	Cody mb 5 e gmail Con be used for future annual report noti	fication)	\$ 00 miles
For fur	ther information concer	ning this matter, please ca		indunon)	F 5'
	Cody Ba Name of Perso	licki	at (586) 914 - 17 Area Code Daytim	04 ne Telephone Number	
Enclos	ed is a check for the foll	owing amount:			
□ \$2:	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Certificate of Certified Copy (additional copy	f Status & py

MAILING ADDRESS: 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

TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited L	Apparel, LLC y as it now appears on our records. ability Company)
The Articles of Organization for this Limited Liability Company	were filed on October 17, 2016 and assigned
Florida document number L 16000191272	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
Ambitious Marketing Group LLG The new name must be distinguishable and contain the words "Limited Liability"	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	No Change in address
(Principal office address MUST BE A STREET ADDRESS)	TA ST
Enten new medling address if applicables	No charge
Enter new mailing address, if applicable:	No crange
(Mailing address MAY BE A POST OFFICE BOX)	Si Option
	7
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	•
Name of New Registered Agent: No C	hange
New Registered Office Address:	hange hange Enter Florida street address
	, Florida
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as page 1.	performance of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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.

or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
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effecti te: If t	ive date is liste the date inse		specific an does not	d cannot be pr meet the app	licable statute	(optional) ling or more than 90 days after filing.) I ory filing requirements, this date w	
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ed	May	2-9		, 2017		_	
		Slig	nature of a	member or au	thorized repres	sentative of a member	
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Page 3 of 3

Filing Fee: \$25.00