(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100303834331

09/29/17--01012--004 \*\*25.00

OCT 0 3 2017

### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Pickleboot Apoly Old Lindig Company  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Aleida Cabrera
Pickleboot Apporel LLC
10524 MOSS PONC Rd. #204-651
City/State and Zip Code  Dickle boot Opport Code  E-mail address: (to be used the future annual report horification)
For further information concerning this matter, please call:
Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  S25.00 Filing Fee \$\Bigcup \text{S40.00 Filing Fee & Certificate of Status} \Bigcup \text{S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}  Certified Copy (additional copy is enclosed)

### 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pickleboot Aport	y as it now appears on our records.)	
(Name of the Limited Lability Company when the Articles of Organization for this Limited Liability Company when the Articles of Organization for the Limited Liability Company when the Liabil	11/2/1/2	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
	ion address on our records, ente	or the name of the new
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:	:	the name of the new
	1	<b>E</b>
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		<u></u>
<del></del>	Enter Florida street address	
	Florida	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 **Type of Action Address** Title Name ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

\_□ Change

		•
		•
		-
		•
 		-
	<del></del>	-
<u> </u>		-
 · ·		-
 	岩	_
<u> </u>	L'S	
	AM	• • •
22	<del>ر</del> ة - 6	
***	<del>- Ve</del> -	-

Page 3 of 3

Filing Fee: \$25.00