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D. SCOTT MAY 12 2017

COVER LETTER

	Registration Sect Division of Corpo				
SUBJEC	T:	Goal Digger An	marel .UC		
00000		Goal Digger Ap Name of Limi	ited Liability Company		
The enclo	sed Articles of A	mendment and fee(s) are subi	nitted for filing.		
Please ret	turn all correspond	dence concerning this matter	to the following:		
		i	RENEE M. THOMPSON		
			Name of Person		•
GOAL DIGGER APPA			OAL DIGGER APPAREL, LL	C.	
			Firm/Company		
		570 ST TROPEZ LN			
			Address		
			MARGATE, FL. 33068		
	City/State and Zip Code				
			liggers247@gmail.com o be used for future annual rep	port notification)	·
For furthe	er information cor	ncerning this matter, please ca	ıll:		
REN	TEEM. THOMPS	ON	at (855) 60	0-1115	
	Name of I	Person	Area Code	Daytime Telephone Number	70 T
Enclosed	is a check for the	following amount:			1000円
□ \$25.0	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	ed) Certified	ling Fee, SA - M
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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

GOAL DIGGER APPAREL, LLC.		In N	
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	y <mark>as it now appea</mark> ability Company)	irs on our records.)	
The Articles of Organization for this Limited Liability Company w	vere filed on	01/19/2017	and assigned
Florida document number <u>L17000016504</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ity company h	<u>iere</u> :	
GOAL DIGGER KREATIONS, LLC.			
The new name must be distinguishable and contain the words "Limited Liability	y Company," the	designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	N/A		
(Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·		Can be seen to the second seco
Enter new mailing address, if applicable:	N/A		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Flo	n our records, <u>enter</u> orida street address , Florida	TALLED IN THE PARTY OF THE PART
	City		Zip Code riv

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 affice 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>	<u>Name</u>	Address	Type of Action
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			☐ Remove
			Change
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		04/24/2017		TEST.
an effec lote: I	we date, if other than the date of filing:ctive date is listed, the date must be specific and can't the date inserted in this block does not meet ent's effective date on the Department of State's	not be prior to date of filing or mo the applicable statutory filing 's records.	(optional) re than 90 days after filing.) Pur requirements, this date will	rsuant to 605.6207 not be listed as
	ord specifies a delayed effective date 90th day after the record is filed.	, but not an effective ti	me, at 12:01 a.m. on	the earlier of
ated _	APRIL 24	2017		
_	$\sqrt{2}$	5		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00