L17000116422

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SECRETARY OF SIME FALLARASSEE, FLORIDA

COVER LETTER

TO: Registration Security Division of Con				
	REEN PRINTING, LLC			
SUBJECT:	Name of Lim	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	PYE, THOMAS			
		Name of Person		
	Pye Law			
		Firm/Company		
	3909 W Newberry Rd, Sui	ite C		
		Address	 	
	Gainesville, Florida 32607	,		
		City/State and Zip Code		
	vanessa@billsscreenprintin		<u></u>	
For firsther information of	E-mail address: (concerning this matter, please c	to be used for future annual report notification)		
Tom Pye	oncerning and matter, preade c	352 381-9799		
	of Person	at () Area Code Daytime Telepho	na Number	
Name o	of Person	Area Code Daytime Felepho	ine Number	
Enclosed is a check for t	he 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)	
Mailing Addres Registration	Section	Street Address: Registration Section		
Division of Q P.O. Box 632	The state of the s	Division of Corporatio The Centre of Tallahas		
Tallahassee.			2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

BILL'S SCREEN PRINTING, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 05.25.2017 and assigned Florida document number L17000116422 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Division Workwear, LLC The new name must be distinguishable and contain the words "Limited Liability 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) NA Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: NA Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
		NA	⊡Add
			□Remove
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