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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: ATTRAYANT SANCEWEAR LLC Name of Limited Liability Company	
Name of Source Elability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Mislaine Eugene	
Name of Person	
Firm/Company	
JOOINE 911 ST Address	
Miami, FL 33179 City/State and Zip Code	
City/State and Zip Code	
4+rayan+ ancl wear Edmail, com	
For further information concerning this matter, please call:	7
For further information concerning this matter, please call:    Wisign   Figure	
<u> </u>	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee S25.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy	

### MAILING ADDRESS:

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ICEWEAR LLC The Articles of Organization for this Limited Liability Company were filed on 10119117 Florida document number <u>L\_17000</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Cirv

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

or removed from our records: MGR = Manager AMBR = Authorized Member **Title** Name. <u>Address</u> Type of Action AMBR Wislaine Eugene 1001 NE 211 ST Miani, FL332 ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add Remove Remove ☐ Change □ Add ☐ Remove

-If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

☐ Change

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after filing ) Dursuant to 605 000	
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Page 3 of 3

Filing Fee: \$25.00