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D. SCOTT AUG 7 2017

COVER LETTER

то:	Registration Se Division of Cor		er-		
 SUBJ 	ECT:	Clique (Merch LLC ited Liability Company		
!		Amendment and fee(s) are sub	_		
Please	return all correspo	ondence concerning this matter	to the following:		
· ·		Bec	Name of Person	rest	
			Clique Merch	LLC	
		35	Garden dr, Del	and FL	32720
			Address		
		DeL	City/State and Zip Code EMERCH @ gmail. to be used for future annual report notifications.	Q	
1			City/State and Zip Code		
		<u></u>	emerch @ gmail.	com	
For fu	rther information c	E-mail address: (oncerning this matter, please ca		cation)	1 10
	Ben Name o	Forest	at (386) 956 — Area Code Daytime	1976 Telephone Number	
Enclo	sed is a check for th	ne following amount:			
र्ख⊹\$2 	25,00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
	MAIL	ING ADDRESS:	STREET/COURIE	R ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	r merch ilc	
(<u>Name of the Limited Liabilit</u> (A Florida	Company as it now appears on o Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Co	ompany were filed on 07/3	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDR	ESS)	
•		
		:
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		····
B. If amending the registered agent and/or registered agent and/or the new registered office address.		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	eet address
1		, Florida
	City	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

or removed	from our records:	anage, enter the title, name, and address of each	person being auc
	lanager uthorized Member		
Title	Name	Address	Type of Action
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