L17000178583

(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
AH II:	Office Use Only
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COVER LETTER

	istration Sec ision of Corp			
SUBJECT:		PORTS APPAREL, LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	f Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please returr	all correspor	idence concerning this matter t	to the following:	
		Processing Department		
			Name of Person	
		MyCorporation		
Firm/Company 26025 Mureau Road, Suite 120 Address				
		Calabasas, CA 91302		
			City/State and Zip Code	
		E-mail address: (i	to be used for future annual report notific	cation)
For further i	nformation co	oncerning this matter, please ca	all:	
MyCorpora	tion		818 224-7639 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e 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 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

PATRIOT SPORTS APPAREL. LLC		
(<u>Name of the Limited I.</u> (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number L17000178583		and assigned
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" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable	::	
(Principal office address MUST BE A STREET A	DDRESS)	7 TH
Enter new mailing address, if applicable:		23 1
(Mailing address MAY BE A POST OFFICE BO.	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flori	ida
-	Cin:	Zin 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:

$MGR = \frac{1}{2}$	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	MANN, CHARLES R	9972 PARKER LAKE CIRCLE	
		NAVARRE, FL 32566	Remove
			Change
			Remove
			□ Change
		Remove Change Afail	
			22 The nange T
			□ ATEM (TT) □ REMOVE
			☐ Change
			Add
			☐ Remove
			Change
			Add
			☐ Remove
			☐ Change

D. If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	`	s.
	The state of the s	7 9 7
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		7 0CT 23 MAIN: 58
		F
		
Note: If	date, if other than the date of filing:	0207 (3%b: ed as the
If the recor (b) The 90	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli Oth day after the record is filed.	er of:
Dated	18 Oct 2017. We Della	
	Charles R Mann, AMBR	
	Typed or printed name of signee	

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Filing Fee: \$25.00