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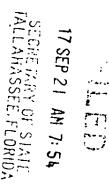
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COVER LETTER

TO:		ration Section on of Corpora	
SUB.JI	ECT:		jk

jksbapparė	lgroup@gmail.com LLC
	of Limited Liability Company
The enclosed Articles of Amendment and fee(s)	ure submitted for filing.
Please return all correspondence concerning this	matter to the following:
	Sonia Becerra
	Name of Person Swyft Filings, LLC
	Firm/Company
	12605 East Freeway, Suite 509
	Address
	Houston, Texas 77015
	City/State and Zip Code
	filings@swyftfilings.com
For further information concerning this matter, pl	dress: (to be used for future annual report notification)
Sonia Becerra	at (877) 777-0450 Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
■ \$25.00 Filing Fee □ \$30.00 Filing Fee Certificate of Sta	
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

jksbapparelgroup@gmail.com LLC

			_ .
(<u>Name of the Limited</u>	Liability Company as it nov Florida Limited Liability Co	w appears on our records.) mpany)	
The Articles of Organization for this Limited Liab	oility Company were filed	ion 09/18/2017	and assigned
Florida document numberL170001931	74	· · · · · · · · · · · · · · · · · · ·	
This amendment is submitted to amend the follow			
A. If amending name, <u>enter the new name of t</u>	he limited liability com	pany here:	
JKSB APPAREL GRO	· · · · · · · · · · · · · · · · · · ·	<u>,</u>	
The new name must be distinguishable and contain the wor		y," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:		
Principal office address MUST BE A STREET			
1			
<u></u>			
Enter new mailing address, if applicable:		····	. <u> </u>
Mailing address MAY BE A POST OFFICE BO	OX)		
B. If amending the registered agent and/or	registered office add	ress on our records, ent	er the name of the n
registered agent and/or the new registered office	<u>registered whice addition of addition of address here:</u>	ess on our records, em	er the hame or the ir
			57
Name of Nav Basistand Asset			25. 12. 13.
Name of New Registered Agent:			<u> </u>
New Registered Office Address:			
	F	nter Florida street address	7 × 2 × 2 × 2 × 2 × 2 × 2 × 2 × 2 × 2 ×
		. Florida	m2 ≥ m
	City	. I tot tota	Zip Code
New Registered Agent's Signature, if changing Re	gistered Agent:		is SRI
	 _		0.6° 4
hereby accept the appointment as registered			
provisions of all statutes relative to the proper accept the obligations of my position as registe			
eing filed to merely reflect a change in the re-	vistered office address	or in Chapter 005, r.s. C Thereby confirm that the	II, ij iuis aociuneiu is - Jimited liability
ompany has been notified in writing of this ch		· icreo, conjunt mat me	**************************************
	G		
-			
	15 (2)	. 14 . 13	<u> </u>
	II Changing Regis	tered Agent, Signature of New	Registered Agent

If amendi	ng Authorized Person(s) au ed from our records:	horized to manage, <u>er</u>	iter the title, name, and ad	dress of each person being added
MGR = AMBR ≓	Manager Authorized Member			
<u>Title</u>	<u>Name</u>	Addı	<u>ress</u>	Type of Action
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				□ Remove
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		ļi ——		□ Remove
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amending	g any other informat	ion, enter cha 	nge(s) here: (Atta	ch additional s	theets, if neces	sary.)	
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reffective a te: If the	date is listed, the date must date inserted in this blo	be specific and ca ck does not mee	annot be prior to date of et the applicable state	filing or more that atory filing requ	un 90 days after f iirements, this (lling.) Pursuant to 60 date will not be lis	(5,020 ted a
ument's	effective date on the De	partment of Star	te's records.	, ,			
	specifies a delayed		te, but not an ef	fective time,	at 12:01 a.	m. on the earl	ier (
	day after the reco	ira is nieu.					
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						esentative	
		Signature of a que	mber or authorized rep Sonia Becerr	a - Autl	nember norized Repr	esentative	
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ed		Signature of a que	mber or authorized rep Sonia Becerr	a - Autl		esentative	