L18000037310

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DIVISION OF CONTROL CALLED

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COVER LETTER

> Division of C	Corporations		
WEAR SUBJECT:	IT & OWN IT LLC		
30b3t.C1.	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
	spondence concerning this matter	-	
	KATHERINE MATHIAS		
		Name of Person	
	WEAR IT & OWN IT	Firm/Company	
	1263 NE 146TH ST	типесоправу	
	·	Address	
	MIAMI, FL 333161	(V) 10.	
	WEARITANDOWNIT@G		
For further informatio	E-mail address: (n concerning this matter, please c	to be used for future annual report notif all:	ication)
KATHERINE MATE		305 992-2661	•
Nam	e of Person	at ()	Telephone Number
Enclosed is a check fo	r the 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)

TO:

Registration Section

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

WEAR IT & OWN IT LLC

(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records. bility Company))
The Articles of Organization for this Limited Liability Company w Florida document number L18000037310	ere filed on 02/05/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC"	or the abbreviation "L.1.,C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		18
		EP SEP
		24 24 24
Enter new mailing address, if applicable:		A ROCC
(Mailing address MAY BE A POST OFFICE BOX)		
	··	07 <u>Ş</u> A
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	ce address on our records,	enter the name of the new
New Registered Office Address.	Enter Florida street address	
	, Flor	ida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paaccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and ovided for in Chapter 605, F.	I am familiar with and S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	KATHERINE MATHIAS	1263 NE 146TH MIAMI, FL 33161	■ Add
			□ Remove
			Change
OWNER	KATHERINE MATHIAS	1263 NE 146TH MIAMI, FL 33161	= Add
			☐ Remove
			Change
MGR	JOEL MARCELLUS	1263 NE 146TH MIAMI, FL 33161	Add
			■ Remove
			□ Change
			□ Ađd
			Remove
			Change
		 .	□ Add
			Remove
			Change
			Add
			Remove
			Change

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∃ ffec t f`an cf	ive date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pu	irsuant t	o 605.0207
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will tent's effective date on the Department of State's records.	l not be	e listed as
aoc an	tent's effective date off the Department of State's records.		
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on 90th day after the record is filed.	the e	arlier of
Dated			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00