## L18000059219

(Requestor	's Name)	
(Address)		
(Address)		
(City/State/	Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Business	Entity Name)	
(Document	Number)	
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SECRETARY OF STATE
FALL AHASSEE, FLORIDA

APR 11 2019

## **COVER LETTER**

TO: Registration Se Division of Cor			
Raven App			
SUBJECT:		ted Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ondence concerning this matter t	o the following:	
	Shannon Stahlin		
		Name of Person	<del></del>
	Direct Incorporation		
		Firm/Company	<del></del>
	315 W Huron St. Ste 240		
		Address	
	Ann Arbor, MI 48103		
		City/State and Zip Code	
	documents@directineorp.com		
	E-mail address: (to	o be used for future annual report notif	ication)
For further information of	oncerning this matter, please ca	H:	
Shannon Stahlin		877 2816496	
Name o	f Person	Area Code Daytimo	: Telephone Number
Enclosed is a check for t	he 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

Raven Apparel LLC		
(Name of the Limited Liability Comp. (A Florida Limited	Liability Company)	<b>)</b>
The Articles of Organization for this Limited Liability Company	were filed on 03/06/2018	and assigned
Florida document number L18000059219		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Raven Love LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abinewiation 1.L.C.
Enter new principal offices address, if applicable:	<u> </u>	200 <b>200 41</b>
(Principal office address MUST BE A STREET ADDRESS)		IARY ASSE
		mo = m
		104 8 D
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		enter the name of th
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<del></del>	, Flor	
	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

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 = Manager

AMBR =	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
			☐ Remove
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ffective date, if other than the an effective date is listed, the date mu	st be specific and cannot b		ng or more than 90 day		
<u>Vote:</u> If the date inserted in this blocument's effective date on the D			y ming requirement	s, this date will no	ot be listed a:
e record specifies a delayed The 90th day after the rec		ut not an effec	tive time, at 12:	01 a.m. on the	e earlier o
March 18th	2019				
		<del> </del>			
		<del></del>	intative of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00