118000060089

(Requ	estor's Name)	
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DIVISION OF BUILDING

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COVER LETTER

Registration Section
Division of Corporations TO:

SUBJECT:	RE'LETTIX APPAREL COMP	ANY, LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	David Fraser			
		Name of Person		
	Holmes Fraser			
		Firm/Company		
	711 5th Avenue South, Sui	ite 200		
		Address		
	Naples, Florida 34102			
		City/State and Zip Code		
	dfraser@holmesfraser.com	to be used for future annual report notif	ication)	
For further information of	concerning this matter, please ca	•	Karony	
David Fraser	David Fraser 239 285-7101 at ()			
Name o	of Person	Area Code Daytime	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

THE BARRE'LETTIX APPAREL COMPANY		
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number <u>L18000060089</u>	mpany were filed on March 7, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The Barre'Letixx Apparel Company, LLC		nuar ·
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		18 A.
(Principal office address MUST BE A STREET ADDRE	<u></u>	3 23
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		C
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre Name of New Registered Agent: New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	nter the name of the new
	, Florid	a 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> Name **Address Type of Action** _□ Add _□ Remove _□ Change _□ Add _□ Remove _□ Change □ Add ☐ Remove _□ Change ☐ Remove ☐ Change _□ Add

□ Change

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f ective d n effective	late, if other than e date is listed, the dat	ı the date of fili e must be specific a	ing:and cannot be prior to	date of filing or more	(optional) than 90 days after filing.	Pursuant to 605.02
te: If th	e date inserted in the effective date on t	nis block does not	t meet the applicat	ole statutory filing re	equirements, this date	will not be listed
	specifies a dela h day after the			an effective tim	e, at 12:01 a.m.	on the earlier
ted	March 12		2018			
			_,	- •		
-			d P. Fraser a member or author	ized representative of a	a member	18 MAR II
		2.6	or addition			50 2
		_	Authorized Rep			<u> </u>

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Filing Fee: \$25.00