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Office Use Only



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FILED

COVER LETTER

SUBJECT: BOSSI SPORTS WEAR LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
ALEX BOSSI Name of Person	
Name of Person	
BOSSI SPORTS WEAR LLC Firm/Company	
6039 COLLINS AVE #302	
MIAMI, FL 33140 City/State and Zip Code ROSSI R ROSSI S DOCTED UTAR COA	
BOSSI @ BOSSIS PORTS WEAR. COM E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
ALEX BOSSI at (617) 201 6114 Name of Person 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 Scrifficate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee Scrifficate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee Scriffied Copy (Certified Copy (additional copy is enclosed))	

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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, Ft. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u> 80551</u>	SPORTSW	EAR LLC	. <u>. </u>
(<u>Name of the Lim</u>	ited Liability Company as i (A Florida Limited Liabilit	t now appears on our records.) y Company)	
The Articles of Organization for this Limited I Florida document number $\angle 28000711$	Liability Company were	filed on MAY 3, 20	2/8 and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability c	ompany here:	
The new name must be distinguishable and contain the	words "Limited Liability Con	mpany," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u> BOX)</u>		
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:		address on our records, <u>ente</u>	er the Fame of the new
New Registered Office Address:		Enter Florida street address	TEN EN EN
		, Florida _	7
	(ity	Zin Carle

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	ALEX A. ROSSI	6039 COLLINS AVE #3	
		MIAMI, FL 33/40	☐ Remove
		***************************************	☐ Change
			Add
			Remove
			Change
			□ Remove
			□ Change
			Add
			☐ Remove
			□ Change
			□ Remove
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	, , , , , , , , , , , , , , , , , , ,		
			□ Remove
			Change

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Filing Fee: \$25.00