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1,2018

2010 DEC -3 PM 1:53 SECHETARY OF STATE

COVER LETTER

TO:	Registration Sect Division of Corpo			
SUBJEC	CT:SD	P Clothing Name of Islandi	ted Liability Company	
The encl	osed Articles of A	mendment and fee(s) are subi	nitted for filing.	
Please re	eturn all correspond	lence concerning this matter t	to the following:	
		Stephe	en Peirse Name of Person	
		SDP C	Clothing LLC Firm/Company	
		2411 h). Huratio St. :	#511
			Chy/State and Zip Code	
		E-mail address: (1	en. Pearse 3@ gmail.	Com fication)
For furth	ner information con	cerning this matter, please ca	li:	
	Name of P	erson	at () Area Code Daytime	e Telephone Number
Enclosed	l is a check for 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)

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

FILED

SDP C	luthing L	16.	2018 DEC -	-3 PM 1:53
(Name of the Limited	d Liability Company as A Florida Limited Liabili	it now appears on ou	ir recording ALLAF	RY OF STATE JASSEE, FL
The Articles of Organization for this Limited Lia		e filed on9	127/18	_ and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liability	company here:		
The new name must be distinguishable and contain the wo Enter new principal offices address, if applical	ble:	ompany," the designat	ion "LLC" or the abbro	viation "L.L.C."
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u>(OX)</u>			
B. If amending the registered agent and/o registered agent and/or the new registered offi		address on our	records, enter th	e name of the new
Name of New Registered Agent:				
New Registered Office Address:		Enter Florida stre	vet address	
			Florida	
	•	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 Type of Action Title Name Address AMBR Stepher Pearse 2411 W. Horatio St. #511 # Add Tampa, FL 33609 Remove □ Add ☐ Remove __ Change _□ Add ☐ Remove _□ Add ☐ Remove ____ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove

☐ Change

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
Note: If i	date, if other than the date of filing:
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: th day after the record is filed.
Dated	November 28th. 2018.
	Signature of a member or authorized representative of a member
	Stephen Pearse Typed or printed name of signee

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Filing Fee: \$25.00