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Amend/Ilan

JUN 24 2019 I ALBRITTON

COVER LETTER

TO:	Registration Se Division of Cor			
SUBJI	ECT: Moth	Er Daughter Name of Limi	ALLO SON APP ted Liability Company	PACEL LeL.C.
The en	closed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please	return all correspo	ondence concerning this matter t	to the following:	
		Richa Wi	Name of Person	<u>.</u>
		and s moth	ET DAUGHTET AND Firm/Company	d Sow Apparel LLC
		10325 20	GLEN AVE Address	
		HAStings,	7-14-32145 City/State and Zip Code	
		md S n g p A r E E-mail address: (i	o be used for future annual report not	fication)
For fur	ther information c	oncerning this matter, please ca	dt:	
_R,	Cha W. Name o	1/1/ams	nt (904) 347 - Area Code Daytim	- 52 79 ne Telephone Number
Enclos	ed is a check for t	he following amount:		
5 √ \$2	5.00 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)
		ING ADDRESS:	STREET/COURI	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mo HER D	AUG the Economic (A Florida Limited L	ay as it now appears on our recordinability Company)	pperal LLC
The Articles of Organization for this Limited Li Florida document number	ability Company	were filed on <u>/0-24-</u>	18 and assigned
This amendment is submitted to amend the following	owing:		· · · · · · · · · · · · · · · · · · ·
A. If amending name, enter the new name of Mo Hor DAUGHE. The new name must be distinguishable and contain the we enter new principal offices address, if applic (Principal office address MUST BE A STREE)	The limited liabi A L S S ords "Limited Liabili able: T ADDRESS)	lity company here: A PPACE L ty Company, "Inc designation "LLC 102 N. 19 Lh PALATKA, F-1	The abbreviation "L.L.C." St. 32/77
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	10325 Zigl	EX AVE -1 32145
B. If amending the registered agent and/ registered agent and/or the new registered of			s, enter the name of the nev
Name of New Registered Agent:	Richn	D. Williams	
New Registered Office Address:	10325	Z o G /E/ /t V S Enter Florida street addres	<u> </u>
	HAST	Nos Fl	orida BU 145

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.

Kichen D. Williams
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 i	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
OWNER MISR	RichA D. Williams	10325 Ziglen AVE HAStings	E/ D-Kdd
, K.G.			□ Remove
			Change
AMBR	Major Lee Miblesy gra	728 Coff. 4 Dr DB7/a	3014
•	, , , ,		□ Remove
			□ Change
			Remove
			□ Change
			🗖 Add
			Remove
			Change
			🗆 Add
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			□ Remove
			🗆 Change

	<u> </u>
(If an e Note	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	Les has Williams Signature of a member or authorized representative of a member
	Later Deliver
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00