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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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SECRETARY OF STATE

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COVER LETTER

TO: Registration S Division of Co					
C. Clothe		•		•	
SUBJECT:					
The anclosed Articles o	f Amendment and fee(s) are subr	nitted for filing.			
	nondence concerning this matter t				
	Candice Petty			2022 JUL 11 SECRETAS	
		Name of Person		酒戶	
	Cloth and Soul Fabric				r
		Firm/Company		70	ζ
	4200 Creekbluff Drive			PH 4: 50	
		Address		****	
	St. Augustine, FL 32086				
		City/State and Zip Code		_	
	hello@cclothfabric.com				
	E-mail address: (to be used for future annual report noti	fication)		
For further information	n concerning this matter, please ca	ıll:			
Candice Petty		813 992-0117			
Nam	e of Person	Area Code Daytin	ne Telephone Numbe	er	
Fundamed is a charact for	r the following amount:				
		CT 655 00 Cilling Noo 8	□ \$60.001	Filina Fee	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific Certific	cate of Status & ed Copy (all copy is enclosed)	
Mailing Add	ress <u>:</u>	Street Address:			
Registration Section		Registration Section			
Division of Corporations		Division of Corporations The Centre of Tallahassee			
P.O. Box 6327		The Centre of	Charles Calle	010	

Tallahassee, FL 32314

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C. Cloth Fabric		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records. Liability Company)	,)
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
lorida document number L18000263533		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Cloth and Soul Fabric, LLC	•	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company." the designation "LLC"	or the abbreviation L.L.C."
Enter new principal offices address, if applicable:	205 Waler Way, #5	
Principal office address MUST BE A STREET ADDRESS)	St. Augustine, FL 32086	> = F
		me g m
Enter new mailing address, if applicable:	4184 Creekbluff Drive	31918 31918 31918 31918
Mailing address MAY BE A POST OFFICE BOX)	St. Augustine, Fl. 32086	
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	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 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
			□Add
			□Remove
			□Change
			□Add
		FACL SECTION	Remove
		TALL ASSS	
		ວ່າ ທີ່ ຫຼື ພໍ	Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

Typed or printed name of signee