

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name Account Number	:	PARASEC 120180000086
Phone		(916)576-7000
Fax Number		(800)603-5868

**Enter the email address for this business entity to be used for future σ annual report mailings. Enter only one email address please. 🗮

FC. COM Email Address:

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COREFIT APPAREL LLC

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2018 PEC 20

12/20/2018 10:06 PARASEC

P.002/004

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CoreFit Apparel LLC	
(Name of the Limited Liabi (A Florid	lity Company as it agw appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L18000270021</u>	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:
YL	
	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	RESS)
•	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX	
	. 8
B. If amending the registered agent and/or regi	istered office address on our records, enter the name of the new
registered agent and/or the new registered office ad	dress here:
	Sec. 28
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Elorida
	City Zup 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

12/20/2018 10:06 PARASEC

(FAX)9165767010

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P.003/004

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	VR HOLDINGS GROUP	136 NW 16TH STREET	C Add
		BOCA RATON, FL 33432 US	🖄 Remove
			Change
AMBR	Bam Ventures LLC	7702 SOLIMAR CIRCLE	🖸 Add
		BOCA RATON, FL 33433	Remove
			Change
			🖸 Add
			Remove
			Change
<u></u>			
			Remove
			Change
		·	🗆 Add
			_ Remove
			Change

12/20/2018 10:06 PARASEC

(FAX)9165767010

P.004/004

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: ______(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0202.(3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	November 30th	,			
	Vag-D.	×			
	Signature of a member or authorized representative of a member				
	Vaughan Dugan				
Typed or printed name of signed					

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Filing Fee: \$25.00