

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.

(((H21000336866 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

C

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

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

2021 SEP 10 PM 1: 0

ה' כ

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

Email Address:____

Electronic Filing Menu

| 3 6 3 | okit Dikito A | LLC AMND/RESTATE/CORREC ASG.NODACH | - | | | | |
|------------|------------------|---------------------------------------|---------|--------------|--|--|--|
| . H | - <u>-</u> | Certificate of Status | 0 | | | | |
| J O | الل مع لمع | Certified Copy | 0 | | | | |
| . <u> </u> | | Page Count | 04 | 050 4 6 666 | | | |
| SEP . | AH AH | Estimated Charge | \$25.00 | SEP 1 3 2021 | | | |
| 2021 | ALL ALL | | | S. PRATHER | | | |

C------

Corporate Filing Menu

© 09/10/2021 12:0(•PM Division of Corporations

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ASG.NODACHI, LLC | | |
|---|---|-----------|
| (Name of the Limited Liability Compa (A Florida Limited | | |
| The Articles of Organization for this Limited Liability Company Florida document number L19000055526 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| ATTIRE.COM 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: | 328 Crandon Blvd. Ste. 119-350 | |
| (Principal office address MUST BE A STREET ADDRESS) | Key Biscayne, FL 33149 | |
| | | |
| Enter new mailing address, if applicable: | 328 Crandon Blvd, Ste. 119-350 | |
| (Mailing address MAY BE A POST OFFICE BOX) | Key Biscayne, FL 33149 | |
| B. If amending the registered agent and/or registered office : | address on our records, enter the name of the new register | <u>ed</u> |
| agent and/or the new registered office address here: | | |

| Name of New Registered Agent: | Corporate Creations Network Inc | | | |
|--------------------------------|---------------------------------|-----------------|--|--|
| New Registered Office Address: | 801 US Highway 1 | | | |
| B | Enter Florida street address | | | |
| | North Palm Beach | , Florida 33408 | | |
| | 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.

Carlos M Alvarez, Special Secretary

If Changing Registered Agent, Signature of New Registered Agent

→ 18506176383

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> | Name | Address | Type of Action |
|--------------|--------------------------|-----------------------------------|-----------------------|
| MGR | WEALTHTREE HOLDINGS LLC | 328 Crandon Blvd. Ste. 119-350 | 🗄 Add |
| | | Key Biscayne, FL 33149 | 🗆 Remove |
| | | | Change |
| MGR | BATHTOWELS HOLDINGS, LLC | 260 CRANDON BLVD., #32-98 | 🖸 Add |
| | | KEY BISCAYNE, FL 33149 | 🗃 Remove |
| | | | Change |
| <u></u> | | | 🛛 Add |
| | | | |
| | | | 🗆 Change |
| | | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 🖸 Add |
| | | | |
| | | <u></u> | Change |
| | | | DbAC |
| | | | CRemove |
| | | | □Change |
| | | | 🖸 Add |
| | | | |
| | | | |

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

| | · · · · | | | | | | | |
|--|---|---------------------------------------|---------------------|---------------------|---------------------|-----------------------------|----------------------|---------|
| | <u>-</u> | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | ····· | | | | | |
| | | <u></u> | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | <u> </u> | | |
| | | | | | | | | |
| ······································ | | | | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | | <u></u> | | |
| | | | | | | | | |
| | | | | · · · | | | | |
| <u></u> | | · • • • • | | | | | | |
| | | | | | | | | |
| | | | <u> </u> | | | - <u></u> | | |
| | | · | | | | | | |
| | | | | | | | | |
| E. Effective date, if other than the (If an effective date is listed, the date mu | date of filing: | : | | (0 | ptional) | | | |
| (If an effective date is listed, the date mu Note: If the date inserted in this b | st be specific and o | cannot be prior to | date of filing or n | nore than 90 days a | fter filing.) Pursu | ant to 605. or he liste | .0207 (3 | 5)(b) |
| document's effective date on the D | epartment of Sta | ate's records. | ne statutory min | ig requirements, | uns date with | or de físic | u as m | IC . |
| | | | | | | | | |
| If the record specifies a delayed effectiv | e date, but not a | in effective tim | e. at 12:01 a.m. | on the earlier of | : (b) The 90th | day after | the | |
| record is filed. | • | | • | | | | | |
| | | | | | | | <u>2</u> | |
| September 9th Dated | | 2021 | | | | 2 | ří | |
| | $, \cap \cap$ | | | | | (A) (* (A) (* (T) (*) | 2021 SEP 10 PH 1: 07 | • |
| | | | | | | in c | -D | ί) L |
| | Signature of a m | ember or authori | ized representativ | e of a member | | FI SI | | |
| Carlos M Alvarez, Atte | mey-in-Fact | | | | | | O | |
| | | | | | | | | |

Typed or printed name of signee