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COVER LETTER

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Division of Corporations
SUBJECT: Shirt Shoo U.C
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Natalic Webb Name of Person
Shirt Shop IIc Firm/Company
1805 W. Pensacda St. Apt 7
Tallahassee fr. 32304 City State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (850) Daytime Telephone Number
Enclosed is a check for the following amount: \$\int \text{S25.00 Filing Fee} \text{S30.00 Filing Fee} \text{ S55.00 Filing Fee} \text{ S60.00 Filing Fee},
Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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

Shift Shop LLC		·	The second of the			
(<u>Name of the Limited Lial</u> (A Flor	<u>bility Company a:</u> rida Limited Liabil	s it now appears of ity Company)	i our records.)			
The Articles of Organization for this Limited Liability Florida document number	y Company wer 495	re filed on \underline{Y}	4/201	<u>C4</u> ar	nd assigned	
This amendment is submitted to amend the following	:					
A. If amending name, enter the new name of the I	imited liab <u>ilit</u> v	company here	:			
The new name must be distinguishable and contain the words "I	Limited Liability C	Company," the desig	gnation "LLC" o	the abbreviati	ion "L.L.C."	
Enter new principal offices address, if applicable:	_					
(Principal office address MUST BE A STREET AD	DRESS)					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	_			AHASSE	2013 EUG - 8	
B. If amending the registered agent and/or re- registered agent and/or the new registered office a	egistered office address here:	e address on o	ur records, _s	180 L	mmelőf ti ဆီ 🗀	<u>he new</u>
Name of New Registered Agent:			<u> </u>		 π	
New Registered Office Address:		Enter Florida	street address			
			, Flori			
		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 <u>Address</u> <u>Title</u> <u>Name</u> Themar Williams 9093 Pavers Rd DAdd AMBR Tallahassee, f. 32309 X Remove _□ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change _□ Add ☐ Remove □ Change □ Add ☐ Remove ☐ Change

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an effe <u>ote:</u> I	ctive 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 605.0207 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as int's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated _	88/19 / helile
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00