## L19000 139586

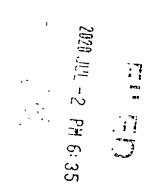
(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL
(Busir	ess Entity Name	)
(Docu	ment Number)	
Certified Copies	Certificates of	f Status
Special Instructions to Fil	ing Officer:	

Office Use Only



000347389060

07/02/20--01016 022 \*\*30.00



AUG 1 4 2020 S. YOUNG

## **COVER LETTER**

TO: Registration Se Division of Cor		₩	
	ENTS CLOTHING CO		
SUBJECT:	Name of Lim	ited Liability Company	-
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	NATHANIEL ADAMS		
		Name of Person	
	INGREDIENTS CLOTHI	NG CO	
		Firm/Company	. <del> </del>
	3550 NW 104TH AVE		
		Address	
	CORAL SPRINGS, FL 33	3065	
		City/State and Zip Code	
	ingredientsclothingcompan		
For further information c	oncerning this matter, please c	to be used for future annual report no all:	uncation)
NATHANIEL ADAMS		954 398-4052 at ( )	
Name o	f Person		me Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 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)
Mailing Address Registration S		Street Address: Registration S	ection
Division of C		Division of Co	orporations
P.O. Box 632		The Centre of	
Tallahassee,	FL 52314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Compa	nny as it now appears on our Liability Company)	records.)
\ <u></u>	(A Florida Limited)	Liability Company)	7
The Articles of Organization for this Limited I	iability Company	were filed on <u>5/23/2019</u>	and assigned
Florida document number L19000139586	•		· · · · · · · · · · · · · · · · · · ·
This amendment is submitted to amend the fol	lowing:		P. G. 35
A. If amending name, enter the new name of	of the limited liab	ili <u>ty company here</u> :	ယ္သ
N/A			_
	words "Limited Liabi	lity Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new principal office address address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on ou agent and/or the new registered office address here:  Name of New Registered Agent:  N/A		enter the name of the new registered	
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
New registered Office Address.		Enter Florida street	address
	N/A		, Florida N/A
	<del></del>	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

INCORPOLENTE OL OTHING CO

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ADAMS, SHANIQUE	3550 NW 104TH AVE	
		CORAL SPRINGS, FL 33065	■Remove
			□Change
			□Add
			□Remove
			□ Add
		<u></u>	□Remove
			[]Change
			□Add
			□Remove
			□Change
			□Remove
			□ Change
			□ Add
			Remove
			□Change

If amending any other informati N/A		_					
					•		
			<u>-</u>				
<u></u>	<del></del>		•		<del></del>		
	<del></del>						
			···		· · · · · · · · · · · · · · · · · · ·	<del></del>	
						<del> </del>	
	-		_	_			
		<del></del>		<u></u>			
_							
	<u> </u>				<del></del>	,	
Effective date, if other than the offertive date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	be specific and o ck does not me	cannot be prior t eet the applica	o date of filing or ble statutory fi	r more than 90 d ling requireme	_ (optional) ays after filing. ents, this date	) Pursuant to 605.0 will not be listed	)207 ( 1 as t
e record specifies a delayed effective rd is filed.	date, but not a	in effective tir	ne, at 12:01 a.r	n, on the earli	er of: (b) Th	e 90th day after t	the
Dated		2020					
	aniel	0/					
//0/6	ancel	17/Xa	MIL				
	ignature of a m	ember or autho	me/_ rized representat	ive of a membe	r		

Filing Fee: \$25.00