L19000157697

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COVER LETTER

TO:	Registration Sec Division of Corp		•	•
/av las 887	om.	Respec	t Apparel, LLC	•
SUBJE	CI:	Name of Lim	ited Liability Company	.
The end	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspon	idence concerning this matter	to the following:	
			Ganon J. Studenberg, Esq.	
			Name of Person	
			STUDENBERG LAW	
			Firm/Company	
			1119 Palmetto Avenue	
			Address	
			Melbourne, FL 32901	
			City/State and Zip Code	
		· · · · · · · · · · · · · · · · · · ·	info@studenberglaw.com	x
For furt	her information co	E-mail address: () ncerning this matter, please ca	to be used for future annual report noti:	fication)
	J. Studenberg, Esq		321 722-24	20
	Name of	Person	at () Area Code Daytim	e Telephone Number
Enclose	ed is a check for the	e following amount:		
■ \$25	5.00 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 Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

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Respect Ap		SEC.	RETARY OF STATE AHASSEE, FLOW,
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appear Liability Company)	rs on our records.)	स्तत्रवर्धाः । (२५,
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000157697</u>	were filed on	June 14, 2019	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company ho	<u>ere</u> :	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the d	designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	760 N. Shannon Avenue		
(Principal office address MUST BE A STREET ADDRESS)	Indialantic, Flo	rida 32903	
Enter new mailing address, if applicable:	760 N. Shannon Avenue		
(Mailing address MAY BE A POST OFFICE BOX)	Indialantic, Florida 32903		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our r	records, <u>enter the nai</u>	ne of the new registere
Name of New Registered Agent:			
New Registered Office Address:			
The Registred Office Lagrange	Enter Flo	rida street address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	performance of	capacity. I further ay f my duties, and I am Chapter 605, F.S. Or by confirm that the li	familiar with and , if this document is

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	Patti Switzer	760 N. Shannon Avenue	□Add
		Indialantic, Florida 32903	□Remove
			≣ Change
			□Remove
		-	
			
			□Remove
			□Change
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□ P. amova

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fan effective d <u>Note:</u> If the o	te, if other than the date of the late is listed, the date must be specificate inserted in this block does affective date on the Department	fic and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 not meet the applicable statutory filing requirements, this date will not be listed a
record speci d is filed.	fies a delayed effective date, bu	ut not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	September 13	. 2021
		alt &
***************************************	Signature	e of a member or authorized representative of a member
		Patti Switzer, Manager
		Typed or printed name of signee