

L19000 170 934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

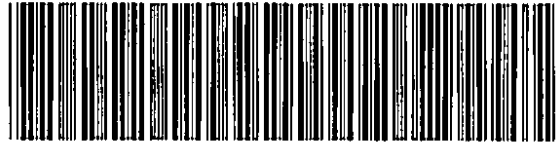
(Business Entity Name)

(Document Number)

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2020 AUG 11 PM 5:59

O SIMMONS
SEP 29 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ID APPAREL, LLC.

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:

SHELBY THOMAS

Name of Person

ID APPAREL, LLC.

Firm/Company

2945 87TH PLACE - APARTMENT 2945-308

Address

PINELLAS PARK, FL 33782

City/State and Zip Code

CONTACT.IDAPPAREL@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHELBY THOMAS

407 5756475

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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**

ID APPAREL, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 6/30/19 and assigned
Florida document number L19000170934.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SHELBY TEES, LLC.

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2945 87th PLACE - APARTMENT 2945-308

PINELLAS PARK, FL 33782

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, **Florida**
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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

Case	Initial State	Final State	Operation
1	...	...	☐ Add
2	...	...	☐ Remove
3	...	...	☐ Change
4	...	...	☐ Add
5	...	...	☐ Remove
6	...	...	☐ Change
7	...	...	☐ Add
8	...	...	☐ Remove
9	...	...	☐ Change
10	...	...	☐ Add
11	...	...	☐ Remove
12	...	...	☐ Change
13	...	...	☐ Add
14	...	...	☐ Remove
15	...	...	☐ Change

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(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 605.0207 (3)(b)

Dated _____,

Shelley Thomas
Signature of a member or authorized

Signature of a member or authorized representative of a member

Shelby Thomas
Typed or printed

Typed or printed name of signee