19000 191829

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800351757468

09/09/20--01032--006 **25.00

R WESTE

COVER LETTER

	egistration Se ivision of Cor			
SUBJECT		SPORTWEAR LLC		
SUBJECT	•	Name of Lim	ited Liability Company	_
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		SANDRA SARRIA		
		-	Name of Person	
			Firm/Company	
		10100 SW 34 ST		
			Address	· <u>-</u>
		MIAMI, FL 33165		
			City/State and Zip Code	
		ssarriacpa@icloud.com	to be used for future annual report notification)	
For further	information c	oncerning this matter, please c	·	
SANDRA	SARRIA	_	305 803-3840	
	Name o	f Person	Area Code Daytime Teleph	none Number
Enclosed is	s a check for th	ne following amount:		
■ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	lailing Addres		Street Address:	
	egistration Sivision of C	Section Corporations	Registration Section Division of Corporati	ons
	O. Box 632		The Centre of Tallaha	
T	allahassee, l	FL 32314	2415 N. Monroe Stree	et, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARIPILY SPORTWEAR LLC		<i>i</i> .1	
(Name of the Limited I	iability Compa Florida Limited	ny as it now appears on our rec Liability Company)	ords.)
The Articles of Organization for this Limited Liabi	lity Company	were filed on 07/01/2019	and assigned
Florida document number L19000171827	·		
This amendment is submitted to amend the followi	ng:		
A. If amending name, enter the new name of th	<u>e limited liab</u>	ility company here:	
EPITOME FITWEAR LLC			
The new name must be distinguishable and contain the word	s "Limited Liabi	lity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	10100 SW 34 ST	<u>-</u> -
(Principal office address MUST BE A STREET A	(DDRESS)	MIAMI FL 33165	
Enter new mailing address, if applicable:		10100 SW 34 ST	
(Mailing address MAY BE A POST OFFICE BOX)		MIAMI FL 33165	
			
B. If amending the registered agent and/or registered agent and/or the new registered office address h		address on our records, <u>en</u> t	ter the name of the new registere
Name of New Registered Agent:			-
New Registered Office Address:	10100 SW 34 S		
-		Enter Florida street add	dress
1	MIAMI	,	Florida 33165
		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 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	MARIA D RIVERA	1331 BRICKELL BAY DR #3207	
		MIAMI FL 33131	■Remove
			□ Change
MGR	NOEL HERRERA	10100 SW 34 ST	■ Add
		MIAMI FL 33165	□Remove
			Change
MGR	YANITZA HERRERA	10100 SW 34 ST	■Add
		MIAMI FL 33165	□ Remove
			□Change
			□Add
			□ Remove
			☐ Change
			Remove
			□Change
		-	□Add
			🗀 Remove
			□Change

			···	
				
				
_	<u></u>	· · · · · ·		
			<u></u>	
	· · · · · ·			-
				
an effecti ote: If t	date, if other than the date of filing: ve date is listed, the date must be specific and ca he date inserted in this block does not me 's effective date on the Department of Sta	annot be prior to date of et the applicable stati	filing or more than 90 days at	
record s	pecifies a delayed effective date, but not a	n effective time, at 12	t:01 a.m. on the earlier of:	(b) The 90th day after the
ated	9/4	<u> 2020</u>		
	Signature of Ame	Smber of authorized rep	resentative of a member	
		- · · · ·		