# L19000189437

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## **COVER LETTER**

	Division of Cor	porations		
	:45 412 / VP	PATRI	OTS EMBLEM LLC	
St	JBJECT:	Name of Lim	ited Liability Company	
Th	ie enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Ple	ease return all correspo	ndence concerning this matter	to the following:	
			Sonia Becerra	
			Name of Person	
			Swyft Filings, LLC	
			Firm/Company	
		5	15 Post Oak Blvd. #300	
			Address	
		I	Houston, Texas 77027	
			City/State and Zip Code	
			filings@swyftfilings.com	·
		E-mail address: (	to be used for future annual report notif	fication)
Fo	r further information c	oncerning this matter, please ca	all:	
_	Sonia B		at (877 ) 777-04.  Area Code Daytime	
	Name o	f Person	Area Code Daytime	e Telephone Number
Er	nclosed is 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)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

#### PATRIOTS EMBLEM LLC

(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears ited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Comp.  Florida document numberL19000189437	pany were filed on	07/24/2019	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company her	<u>re</u> :	
Patriot Emb	lems LLC		
The new name must be distinguishable and contain the words "Limited I	Liability Company," the de	signation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:			SE 20
(Principal office address MUST BE A STREET ADDRESS	<u></u>	-	OCRETAS APPAS
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			(1) (2) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		our records, enter	the name of the new
Name of New Registered Agent:	LegalCor	p Solutions, L	LC
New Registered Office Address: 3440 W Hollywood Blvd. Suite 41		ite 415	
	Enter Flori Hollywood	da street address , Florida	33021
	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.

Travis Crabtree, OBO
LegalCorp Solutions, LLC
hanging Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
		<del></del>	□ Change
			Add
		<u> </u>	□ Remove
			Change
<del></del>			Add
		<del></del>	☐ Remove
			Change
			Add
			□ Remove
		···	Change
			Add
		Remove	
			Add
			Remove
			Change.

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an el	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	September 16th. 2019
	Signature of a member or authorized representative of a member
	William Alberto Rogers Ramirez

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Filing Fee: \$25.00