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COVER LETTER

Registration Section

TO:

Division of Cor	porations		
SUBJECT: Alis	ter & Trivity Dog Name of Life	FIE TIC-DYE TEC	e's, llc
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	<u>M</u>	arisol Dettmore Name of Person	
	Alister + Trivial	Dogrie Tie-Dye Te	2's, LLC
	137 Norris F	Nace Address	
	Ca	Stelberry, FL 327 of City/State and Zip Code	7
		·	
	E-mail address:	to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Marison D	ettmore	at (321) 356-	7970
	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	S30.00 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 Addres Registration S		<u>Street Address:</u> Registration Se	ection
Division of C	Corporations	Division of Cor	rporations
P.O. Box 632 Tallahassee, l		The Centre of T 2415 N. Monro	Fallahassee be Street, Suite 810
		Tallahassee, FI	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Alister + Trivity Doggie Tie-Dye Tee's, LLC

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

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 9 20 2019 and assigned Florida document number <u>L19 000 22 7101</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Alister & Trivity Dozsie Tie Dye Tees, LLC

The new name must be distinguishable and contain the words Elimited Liability Company," the designation "L.L.C." 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) 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 City 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

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
	·		□Add
			□Remove
			□Add
			□Remove
			□Add
			Remove
			□Change
			□Add
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te:	ive date, if other than the date of filing:
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	led.
is fil	5-12-2021
is fil	5-12-2021
is fil	

Filing Fee: \$25.00