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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Random Gruy Apparel LL Name of Limited Liability Company	<u>C</u>
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Tyler Mathy Name of Person	
Name of Person	····
Rendom bruy Apparel	LLC
1115 SE 19th (+ Address	
Cape Corol, FL 33990) City/State and Zip Code	
Tyler (Drandom say appead. Co E-mail address: (10 be used for future annual re	port notification)
For further information concerning this matter, please call:	
Tyler Mattby at (239) S Name of Person Area Code	1946 - 6769 Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 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:

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Registration Section
Division of Corporations
P.O. Box 6327

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Random Gu	y Apparel, LLC	
(Name of the Limited I (A I	Ability Company as it now appears on lorida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabi Florida document number <u>L19000339347</u>		10/2017 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	, , , ,	ation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable		
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable:		·
(Mailing address MAY BE A POST OFFICE BO.	<u>~</u>	
		<u> </u>
		<u>ب</u> نام
B. If amending the registered agent and/or registered agent and/or the new registered office		r records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	reet address
-	C:	, 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

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>	Name	Address	Type of Action
MGRM	Nico Pengro	1115 SE 12th Ct, Cape Com	□ Add
		1115 SE 12th Ct, Cape Com FlorIda, 33990	Remove
			□ Change
			🗆 Add
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Filing Fee: \$25.00