

L19000 256833

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2020 JUN 10 AM 11:54

CLIS
Amend/Name
chg

JUN 30 2020

1 ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DuffleBag Game Clothing 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:

Kelvin Cornelius Brooks
Name of Person

DuffleBag Game Clothing LLC
Firm/Company

4675 72nd Avenue North
Address

Pinellas Park, FL 33781
City/State and Zip Code

Kbrooks B12@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelvin Cornelius Brooks at (727) 557-4352
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Duffel Bag Game Clothing LLC

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

2020 OCT 10 AM 11:54

The Articles of Organization for this Limited Liability Company were filed on 10/25/2019 and assigned Florida document number L19000256833.

This amendment is submitted to amend the following:

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

Gohard Design Clothing Line "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)

4675 72nd Ave. North #6
Pinellas, Park FL 33781

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4675 72nd Ave. North #6
Pinellas Park, FL 33781

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:

xCharlene Steen

New Registered Office Address:

4675 72nd Ave North #6

Enter Florida street address

Pinellas Park

City

Florida

33781

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.

xCharlene Steen

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Charlene Steen	4675 72 nd Ave. North #6	<input checked="" type="checkbox"/> Add
		Pinellas Park, FL	<input type="checkbox"/> Remove
		33781	<input type="checkbox"/> Change
MGR	Kelvin C. Brooks	4675 72 nd Ave North #6	<input checked="" type="checkbox"/> Add
		Pinellas Park, FL	<input type="checkbox"/> Remove
		33781	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Employer Identification Number: 84-3316216
Add to Sunbiz.Org page please.

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 05/26/2020 . 2020 .

Kelvin C. Brooks / Charlene Stein
Signature of a member or authorized representative of a member

Kelvin C Brooks / Charlene Stein
Typed or printed name of signee