L19000260139

(Re	questor's Name)	
(Ad	dress)	_
(Ad	dress)	
(Cit	y/State/Zip/Phone	• #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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Amendico

MAY 28 TOTA I ALBRITTON

COVER LETTER

TO:

Registration Section

Divisio	n of Cor	porations		
SUBJECT:		Anus Azi	parel luc	
	-	Name of Lim	Parel, CC ited Liability Company	
The enclosed Ar	ticles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all	correspo	ondence concerning this matter	to the following:	
		ANTONIO	M&DINA Name of Person	
			Name of Person	
		Abide (Apperel Firm/Company	
			Firm/Company	
		Po Box	583448 Address	
			Address	
		Ki65immee	FL 34755 City/State and Zip Code	
			City/State and Zip Code	
		abide appar	to be used for future annual report no	Militarii an
Ear further inter	matica a	oncerning this matter, please of		ineacon,
			ait.	
Aurono	MET	DiwA	at (<u>&6.3</u>) Area Code Daytii	<u> </u>
	Name o	f Person	Area Code Daytii	me Telephone Number
Enclosed is a ch	eck for th	ne following amount:		
□ \$25.00 Filin	ig 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)
	z Addres		Street Address: Registration S	ection
Registration Section Division of Corporations		Registration Section Division of Corporations		
	30x 632	.7 FL 32314	The Centre of	Tallahassee oe Street, Suite 810
танап	iassee, l	CL 0401H	2410 IN. MONTO	or succe suice of the

RECEIVED MAY & 1 2020

Tallahassee, FL 32303



April 22, 2020

ANTONIO MEDINA ABIDE APPAREL LLC 3200 W OAK ST KISSIMMEE, FL 34746

SUBJECT: ABIDE APPAREL, LLC Ref. Number: L19000260139

We have received your document for ABIDE APPAREL, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The last page of the amendment is missing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

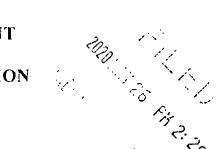
If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 020A00008424

Irene Albritton Regulatory Specialist II

www.sunbiz.org

ARTICLES.OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Abide Appare	many as it now appears on our records.)
(<u>Name of the Limited Liability Com</u> (A Florida Limite	ipany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa	ny were filed on 1016200 and assigned
Florida document number <u>८1900</u> 260139	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	ability 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:	Po Box 583448
(Mailing address MAY BE A POST OFFICE BOX)	Kissimmee FL 34759
D. 16di	e address on our records, enter the name of the new reg
agent and/or the new registered office address here:	
agent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida street address
agent and/or the new registered office address here: Name of New 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
MGR	ANTONIO 5 MEDINA	POBOX 583448	⊠ Add
		Kissimmer FL 34759	□ Remove
			□Change
			□Add
			□Remove
		□ Change	
			□Remove
		□ Change	
		□Add	
			□Remove
		□ Change	
			□Add
		□Remove	
			□Change
			□Add
			□Remove
			□ Change

	
·	
(If an effecti Note: If	date, if other than the date of filing:
the record secord is	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated <u>/</u>	May 5th 2020.
	Han I Man
	Signature of inember or authorized representative of a member
	AUTONIO MCDIVA Typed or printed name of signee
	Typed or printed name of signee

Filing Fee: \$25.00