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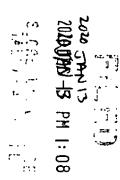
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And



January 10, 2020

CRISTINA PLACYK MILFWEAR, LLC 1432 OLD MILLPOND RD. VIERA, FL 32940

SUBJECT: MILFWEAR LLC Ref. Number: L19000264705

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

SEE ATTACHED PRINTOUTS SHOWING MILFWEAR G19000114311 AS CANCELLED AND MILFWEAR LLC L19000264705 AS ACTIVE. IF THIS AMENDMENT IS FOR G19000114311, YOU HAVE USED THE INCORRECT FORM.

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.

Susan Tallent Regulatory Specialist II

Letter Number: 920A00000676

Division of Compositions BO DOV 6997 Tollaharasa Florida 20214

COVER LETTER

IO: Registration Sect Division of Corp			
~~~~~~	Near ill	<b>\</b>	*
SUBJECT: 1111UF1	Name of Limit	ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
	dence concerning this matter to	-	
read retain an concapen	donee concerning and manor is	o the tonowing.	
	(ristin	Name of Person	
	<u>m</u> ILF	Wear LLC Firm/Company	
	1432 01	10 Mill pand R	9.
	Vicra	FL 31940 City/State and Zip Code	
	my m. If w E-mail address: (to	be used for tutal annual report notife	ication)
For further information co	l ncerning this matter, please cal	II:	
Cristra P Name of	lacylC Person	at (33) b84- (Daytime	913 8 Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration So		Street Address: Registration Sec	etion
Division of Co		Division of Cor	

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Miltwear LLC		
(Name of the Limited Liability Compan- (A Florida Limited Li	y <u>as it now appears on our records</u> ability Company)	<u>.</u> )
The Articles of Organization for this Limited Liability Company we Florida document number <u>L.1.9.000 264765</u> .	vere filed on 10-22-19	4 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	<u>ity company here</u> :	
The new name must be distinguishable and contain the words "Limited Liabilit	y 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)		202
		Berger
Enter new mailing address, if applicable:		. to v
(Mailing address MAY BE A POST OFFICE BOX)		7 P 141
		08 08
B. If amending the registered agent and/or registered office at agent and/or the new registered office address here:	ddress on our records, <u>enter t</u>	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flo	orida Zip Code
New Registered Agent's Signature if changing Registered Agent:	~ ···	ray Creek

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
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			☐ Change
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	pecifies a delaye day after the re			an effective	time, at 12:0	)1 a.m. on th	ne earlier o
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