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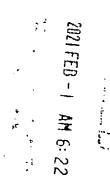
(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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U SIMMONS MAR 1 8 2021

COVER LETTER

TO:

Registration Section

Division of Cor	porations				
Morais Serv	vices LLC		•		
SUBJECT:	Name of Lin	nited Liability Company			
the enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspo	indence concerning this matter	to the following:			
	ARACELI CARRANZA				
		Name of Person			
	NORTHWEST PREMIER	SERVICES INC			
		Firm/Company			
	5565 CHARTER CIR				
		Address			
	GULF BREEZE, FL 3256	3			
		City/State and Zip Code	 		
	NWPREMIERSVCS@GM	AIL.COM to be used for future annual report n	otification		
For further information e	oncerning this matter, please c		ometaica)		
ARACELI CARRANZA		850 3935035			
	f Person	at () Dayt	In T. Labor Month of		
Name o	rerson	Area Code Dayi	ime Telephone Sumber		
Enclosed is a check for th	ne following amount:				
■ \$25.00 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 Addres		Street Address:	Section		
Registration Section Division of Corporations		_	Registration Section Division of Corporations		
P.O. Box 632	7	The Centre of			
Tallahassee, l	FL 32314	2415 N. Moni	roe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1 / 1 2 / 2 2 / 2 / 2

2021 FEB - 1 AM 6: 22

MORAIS SERVICES LLC		- COETTED - L AM 6	
(Name of the Limite	d Liahility Compo A Florida Limited	inv as it now appears on our records.)	
The Articles of Organization for this Limited Liz Florida document number 120000010024		·	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
JM EMBROIDERED STRIPS, LLC			•
The new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:	40 RUE D FE CAMP	
(Principal office address MUST BE A STREET ADDRESS)		DESTIN, FL 32541	
Enter new mailing address, if applicable:		40 RUE D FE CAMP	
(Mailing address MAY BE A POST OFFICE BOX)		DESTIN, FL 32541	
			
B. If amending the registered agent and/or reagent and/or the new registered office address		address on our records, enter the	name of the new registered
Name of New Registered Agent:	JUSSARA MO	RAIS	
New Registered Office Address:	40 RUE D FE	CAMP Enter Florida street address	
	DESTIN	Florid	32541
	DESTEN	. Florid:	8 72771

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.

City

I Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

2021 FEB - 1	ДH	6:	22
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<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JUSSARA , MORAIS	40 RUE D FE CAMP, DESTIN, FL 32541	= Add
			□Remove
			□Change
MGR	CLEMILSON J DE MORAIS	40 RUE D FE CAMP, DESTIN, FL 32541	
			Remove
			□Change
			□Add
		 	□ Remove
			Change
			□Add
			□Remove
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			□Add
			□Remove
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			□Remove
			□Change

	2021 FEB - 1 AM 6: 22
	Section 1997
<u></u>	
ffective date, if other than the c	date of filing: (optional)
المحبوبة والمأميناك المستراح والمناه والمسترا	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ock does not meet the applicable statutory filing requirements, this date will not be listed as to
ocument's effective date on the Dep	partment of State's records.
	_
record specifies a delayed effective I is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
, 1, 1100.	
JANUARY 25	2021
	A
Class	Signature of a member or authorized representative of a member
•	regulation of affection of animalization representation of a financial
CLEMILSON J DE MOR	RAIS
	Typed or printed name of Signer