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(Address)	
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(Business Entity Name)	
(Document Number)	
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TO:

Tallahassee, FL 32314

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			COVER LETTER		Of The
TO:	Registration Se Division of Cor				Constitution of the Consti
		men's Collective LLC			<i>A</i>
SUBJE	:CT:	Name of Lim	ited Liability Company	· - ·	<i>(</i> ,
The enc	closed Articles of .	Amendment and fee(s) are sub	omitted for filing.		
		ndence concerning this matter	•		
		Tom Glover			
			Name of Person		
		Northwest Registered Age	nt LLC		
			Firm/Company .		
		7901 4th St. N., STE 4000			
			Address		
		St. Petersburg, FL 33702			
			City/State and Zip Code		
		thegentlemenscollective202	106a gmail.com to be used for future annual report n		
For furt	ther information co	ncerning this matter, please e	·	ouncation)	
		•			
	Michael Agee		678 523-5125 at ()	*	
	Name of	Person	Area Code Day	time Lelephone Number	
Enclose	ed is a check for th	e following amount:			
□ \$25	5,00 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 tadditional copy is enclos	
	Mailing Address		Street Address:		
	Registration S	Section	Registration 5	Section	
	Division of Co P.O. Box 632	•	Division of C The Centre o		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



The Gentlemen's Collective LLC

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

The Articles of Organization for this Limited Liability Company were filed	4 May 2020	and assigned
on Florida document number 1.20000118726		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compa	nv here:	
The new name must be distinguishable and contain the words "United Liability Company."	the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	A	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	/- / -	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here:	our records, enter the na	me of the new registere
	. 1 A	
Name of New Registered Agent:	NV	
New Registered Office Address:	NA	
Enk	r r torida street udaless	
- Cus	Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree to act in provisions of all statutes relative to the proper and complete performance accept the obligations of my position as registered agent as provided for being filed to merely reflect a change in the registered office address. It company has been notified in writing of this change.	ce of my duties, and I am r in Chapter 605, F.S. Or	familiar with and r, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being addedor removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	August Dawson	3618 SW Skyline Parkway	j Add
		Apt. D	□Remove
		Topeka, KS 66614	
			CJRemove
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			[]Remove
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ffective date, if other than the lan effective date is listed, the date in sorte. If the date inserted in this ocument's effective date on the	block does not meet the app	dicable statutory filing r	(optional) (than 90 days after filing.) Pu equirements, this date wil	isuant to 605,020 I not be listed as
record specifies a delayed effect f is filed	ve date, but not an effectiv	e time, at 12:01 a.m. on	the earlier of: (b) The 90	Ith day after the
ated 6 May	2020			
aicd	·	·		
	DhD.	-Winhard A.	7.4.4	
	Signature of a member or a	ithorized representative of	a member	

Filing Fee: \$25.00