120000162294

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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03/03/21--01023--016 **55.00

2021 SEP -3 AM 5: 03 SECRETARY OF STATE

00/15/2021

COVER LETTER

WEAR YO	OUR NATIONS LLC	·	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Cheyenne Moseley		
		Name of Person	
	Legalzoom.com, Inc.		
		Firm/Company	
	101 N Brand Blvd 11th Fl		
		Address	
	Glendale, CA 91203		
	wearyournations@gmail.co		
	E-mail address: (to be used for future annual report notific	cation)
For further information of	concerning this matter, please ca	all:	
Cheyenne Moseley		800 773-0888	
Name o	of Person	at () Area Code Daytime '	Felephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fcc	☐ \$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 ADDRESS:

Registration Section Division of Corporations

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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

FILED

2021 SEP -3 AM 5: 04

WEAR YOUR NATIONS LLC

SECRETARY OF STATE TALLAHASSEE, FLORED

Zip Code

(A l'iorida Lim	nited Liability Company)
The Articles of Organization for this Limited Liability Comp	pany were filed on 66/12/2020 and assigned
Florida document number 1.20000162294	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
The new name must be distinguishable and contain the words "Limited I	Liability 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	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	d office address on our records, <u>enter the name of the new</u> <u>here</u> :
Name of New Registered Agent:	
New Registered Office Address:	······································
	Enter Florida street address
	Florida

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

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
AMBR	MEJIA CASTILLO, AIDA N		
		114 HAMPTON RD., APT. 310 CLEARWATER, FL 33759	≅ Remove
			☐ Change
			□ ∧dd
			Change
			
			Remove
			Change
			D Add
			☐ Remove
			☐ Change
			Remove
			Change
			Add
			Remove
			□ Change

1	gany other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	 ·
 	
	
If an effective d Note: If the c	te, if other than the date of filing:
he record s The 90th	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: day after the record is filed.
Dated A	Signature of a member
Ve	eronica Raquel Garcia Mejia

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00