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COVER LETTER

	ision of Cor		•
SUDJECT.		PLY APPAREL LLC	•
SUBJECT:		Name of Lin	nited Liability Company
The enclosed	d Articles of a	Amendment and fee(s) are sub	omitted for filing.
Please return	all correspo	ndence concerning this matter	to the following:
		LOVETTE DOBSON	
			Name of Person
		INCFILE.COM LLC	
		-	Firm/Company
		17350 STATE HWY 249	STE 220
			Address
		HOUSTON, TX 77064	
			City/State and Zip Code
		EFILE1234@INCFILE.CO	
		E-mail address: (to be used for future annual report notification)
For further in	nformation co	oncerning this matter, please c	all:
LOVETTE	DOBSON		888 462-3453
	Name of	Person	Area Code Daytime Telephone Number
Enclosed is a	s check for th	e following amount:	
■ \$25.00 E	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Rep Div P.C	iling Address gistration S vision of Co D. Box 632 lahassee, F	Section Orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HIGH SUPPLY APPAREL LLC

(Name of the Limited Liability (A Florida	y Company as it now appears on our records,) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number $\frac{1.20000196032}{1.20000196032}$	ompany were filed on <u>07/09/2020</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR.	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	ew name of the limited liability company here: contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." ss, if applicable:	
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	office address on our records, <u>enter th</u>	e name of the new registered
New Registered Office Address:		-
	Enter Florida street address	
		ida
N. D. istand America Simple of the aging Degistered	•	z.p/Cone
provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag	omplete performance of my duties, and zent as provided for in Chapter 605, F.	I am famili d r with and S. Or, if th is docum ent is
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		. 0 0
	If Changing Registered Agent, Signature of ?	New Registred 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	Dwayne Alton Johnson-Guadalupe Jr.	5622 Balboa Dr.	= Add
		Orlando, FL 32808	□Remove
			□Change
			□Add
			□Remove
			□Add
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n effective date is listed, the date must be stee: If the date inserted in this block is	specific and cannot be prior does not meet the applica	to date of filing or more thable statutory filing req	an 90 days after ti uirements, this o	ling.) Purs late will r	uant to 60 not be lis	05.02 sted
cument's effective date on the Depart	tment of State's records.	,		<i>:</i>	021	
				3.	APR	:
ecord specifies a delayed effective dat is filed.	te, but not an effective ti	me, at 12:01 a.m. on th	e earlier of: (b)	The 90th	n day aft	ter tl
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February 28	2021	<u> </u>			?	٠.
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Filing Fee: \$25.00