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September 15, 2020

FLORIDA DEPARTMENT OF STATE

Division of Corporations

STILETTO HUSTLERZ APPAREL LLC 5608 SW 36 ST WEST PARK, FL 33023US

SUBJECT: STILETTO HUSTLERZ APPAREL LLC

REF: L20000202959

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please include the title for second person.

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.

Yasemin Y Sulker Regulatory Specialist III FAX Aud. #: E20000319385 Letter Number: 320A00017567

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STILETTO HUSTLERZ APPAREL LLC		
(Name of the Limited Limitity Compa (A Florida Limited L	ny a <u>y it now appears on</u> lability Company)	our records.)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{120000202959}{1000000000000000000000000000000000000$	were filed on 07/14/2	020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		7
(Principal office address MUST BE A STREET ADDRESS)		-
		<u> </u>
		0-
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our recor	ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	treet addrexs
		, Florida
-	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete	ee to act in this cape performance of my	acity. I further agree to comply with the duties, and I am familiar with and

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 fumiliar 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 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>	Name	Address	Type of Action
MGR	QUEVARIS TURNQUIST	5608 SW 36 ST	ãAdd
		WEST PARK, FL 33023	
MGR	SHYQUAVAYA L. WOOTEN	5608 SW 36 ST	bbA
		WEST PARK, FL 33023	⊡Remove
			□ Change
			□Add
		**************************************	□ Remove
		7.2.110,	Change
			©Add
			□ Remove
			□Change
			SAdd
			□Remove
			□Change
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			□Remove
			Change

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