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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	
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COVER LETTER

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Registration Section

TO:

Div	ision of Cor	porations		
OUD IF ON	South Rigd	e Apparel LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Jacquelin T. Messina		
			Name of Person	
			Firm/Company	
		2722 SW 146th CT		• •
			Address	
	•	Ocala, Fl 34481		
			City/State and Zip Code	
		SouthRidgeApparel@gmail		
		E-mail address: (to be used for future annual report notification)	
For further in	nformation c	oncerning this matter, please ca	ali:	
Jacquelin T.	Messina		352 619.5867 at ()	
	Name o	f Person	Area Code Daytime Telephone	Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Contact (additional copy is enclosed)	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
	iling Addres gistration S		Street Address: Registration Section	
	-	orporations	Division of Corporations	
	D. Box 632		The Centre of Tallahassee	2
Tal	llahassee, I	FL 32314	2415 N. Monroe Street, S Tallahassee, FL 32303	uite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

South Rigde Apparel LLC			
(Name of the Limited Limbility Comon (A Florida Limited Li	ty as ic as + 2 2022 as oa ou iability Company)	r recerus.)	
The Articles of Organization for this Limited Liability Company v	were filed on $\frac{27 \text{ July } 20}{2}$	20	_ and assigned
Florida document number 1.20000221112			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
South Ridge Apparel LLC			
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation	on "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADDRESS)			<i>.</i>
			<u> </u>
		· ·	~
Enter new mailing address, if applicable:			.
2			<u>ښ</u>
(Mailing address MAY BE A POST OFFICE BOX)			5
		· · ·	- //-
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records	s, enter the name	of the new registe
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stre	et address	
		, 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 accept the obligations of my position as registered agent as p	performance of my du	ities, and I am fa	miliar with and

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 Changing Registered Agent, Signature of New Registered Agent

ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be fisted a securent's effective date on the Department of State's records.				•
fective date, if other than the date of filing: (optional) In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 Ite: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a current's effective date on the Department of State's records. Executed Specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the is filed.				
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Signature of a member of authorized representative of a member	ited 13 August	2020		
	Sign	nature of a member of authorized repr	resentative of a member	
	Jacquelin T. Messina	Typed or printed name o		