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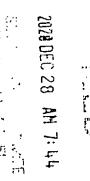
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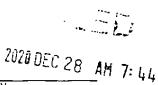
COVER LETTER

TO:

Registration Section

Division of Cor	porations			
YAS Clothi	ing LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	TeAndra Reed			
		Name of Person		
	YAS Clothing LLC			
		Firm/Company		
	13033 Shallowater Rd			
	Address			
	Jacksonville FL 32258			
		City/State and Zip Code		
	tsalbert17@gmail.com			
		to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c	all:		
TeAndra Reed		904 7752343 at ()		
Name o	f Person		ne Telephone Number	
Enclosed is a check for the	ne following amount:			
□ \$25.00 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 (additional copy is enclosed)	
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Fallahassee oe Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



YAS Clothing LLC

company has been notified in writing of this change.

(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 Compar	by were filed on $\frac{08/6}{2}$	01/2020	and assigned
Florida document number L20000230785			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liz	bility company he	<u>re</u> :	
T Reed Apparel LLC			
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the de	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	13033 Shallowat	er Rd Jacksonville Fl	32258
(Principal office address MUST BE A STREET ADDRESS)			
			. <u></u>
Enter new mailing address, if applicable:	!3033 Shallowater Rd Jacksonville Fl 32258		
(Mailing address MAY BE A POST OFFICE BOX)			
			····
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our re	cords, <u>enter the na</u>	me of the new registere
Name of New Registered Agent:	. <u>-</u>		
New Registered Office Address:			
	Enter Flori	da street address	
		. Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and comple.			

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

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



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<u>Title</u>	<u>Name</u>	<u>Address</u>	2020 DEC 28 AM 7: 44	Type of Action
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mending any other information, enter change(s) here:		American Security Sec
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effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to If the date inserted in this block does not meet the applicable ament's effective date on the Department of State's records.		
ord specifies a delayed effective date, but not an effective tim filed.	e, at 12:01 a.m. on the earlie	ier of: (b) The 90th day after the
ed December 12 2020		
16/1 ~) (1)	end	
Signature of a member or authori	zed representative of a membe	er
TeAndrá Reed		

Typed or printed name of signee