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COVER LETTER

TO:

TO: Registration Se Division of Cor			
	TAILORING, LLC.		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	YOUSEF HASSAN		
		Name of Person	
	JOSEPHS LABEL LLC		
		Firm/Company	
	839 MCCULLOUGH AVI	E APT 318	
		Address	
	ORLANDO, FL 32803-724	42	
		City/State and Zip Code	
	F_YOUSIF61@YAHOO.C		
		o be used for future annual report notific	ration)
	oncerning this matter, please ca		
YOUSEF HASSAN		904 962-2831 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
		•	
Enclosed is a check for the	_		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sectorial Division of Corporate Centre of Ta 2415 N. Monroe Tallahassee, FL.	orations Illahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YOUSEF TAILORING, LLC. (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 Company were filed on _______08/13/2020 and assigned Florida document number L20000248294 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: JOSEPHS LABEL LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registe agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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 t 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.

If Changing Registered Agent, Signature of New Registered Agent

If amendir	g Authorized Person(s) authorized to m d from our records:	nanage, enter the title, name, and addres	s of each person being ad
MGR = MAMBR =	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Change
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If amending any other info	ormation, enter	change(s) here:	(Attach additiona	al sheets, if no	l cessary.)
 					
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Effective date, if other that fan effective date is listed, the da Note: If the date inserted indocument's effective date on	ate must be specific a this block does not	nd cannot be prior to t meet the applicat	o date of filing or more ble statutory filing t	than 90 days after	tional) Filing) Pursuant to 605.0207 and date will not be listed as
e record specifies a delayed e rd is filed.	ffective date, but n	ot an effective tin	ne, at 12:01 a.m. on	the earlier of: ((b) The 90th day after the
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APRIL 23	Λ	2027			11
Dated APRIL 23	Soul	-·	_ •		
Dated APRIL 23	AU Stephature of	-·	rized representative of	a member	