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A. BUTLER JAN 25 2022

COVER LETTER

Division of Corp			
SUBJECT: LA SHAYM	IEASE LLC		
SOBJECT.	Name of Lin	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	LEROY CHARLES-PIER	RE	
		Name of Person	
	LA SHAYMEASE LLC		
		Firm/Company	
	1025 GATEWAY BLVD S	SUITE 303-104	
		Address	
	BOYNTON BEACH , FL	33426	
	+ch: 1	City/State and Zip Code	
	E-mail address;	f @ amail. com	cation)
For further information ec	oncerning this matter, please c		
LEROY CHARLES-PIE	RRE	at (561) 752-7715	
Name of	Person	at (561) 752-7715 Area Code Daytime	Telephone Number
Enclosed is a check for th	e foilowing 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 Address	<u>u</u>	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

		· 4, ,
LA SHAYMEASE LLC		, E
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)	$\mathcal{F}^{(1)}$
The Articles of Organization for this Limited Liability Co. Florida document number	ompany were filed on @R/25/2020	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 T-SHIRT GUY LLC		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office uddress MUST BE A STREET ADDR	ESS)	
		<u></u>
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, <u>enter th</u>	e name of the new registe
agent and/or the new registered office address here:		
Name of New Panistared Agent		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Emer Proriau Sa eer daaress	
	, Flor	ida Zip Code
	City	г.ф с <i>оае</i>

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 the 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 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
			□Ada
			<u></u>
			·
			· · · · · ·

ir amending any othe	r information, enter change(s) here: (Attach additional sheets, ij necessary.)
	· · · · · · · · · · · · · · · · · · ·
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f an effective date is listed, Note: If the date inserte	than the date of filing:(optional) the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 is d in this block does not meet the applicable statutory filing requirements, this date will not be listed as the on the Department of State's records.
	red effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
JANUARY 3 Dated	2022
	Signature of a member or aumorized representative of a member
//	Leroy Charles-Pierre

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