120000325170

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900425597259

03/19/04-01003--004 **60.00



15. HONT C. 3/13/-2/

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	redation Sports Name of Lim	Wear LLC ited Liability Company	<u></u>
	Amendment and fee(s) are sub	_	
Please return all correspon	dence concerning this matter	to the following:	
	Alphor	Name of Person Sports Wear LLC Firm/Company	
		liversity DR #1	
	Plantation	FL 33322	
	E-mail address:	FL 33322 City/State and Zip Code or sportswear @ 40 to be used for future annual report notifi	nhoo.com
Car Cash and Cash and Cash			36 L
A .	neerning this matter, please of		
Alphonso Name of	Johnson	at (754) 427	- 2138 Telephone Number
Name of	rerson	Alea Code Daytine	relephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Contificate of Status & Certificate 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

Name of the Limited Liability Company as in (A Florida Limited Liability	y Company)	
The Articles of Organization for this Limited Liability Company were	filed on 10/14/20	and assigned
Florida document number <u>L 2 0 0 0 0 3 2 5 1 7 0</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability of PSW & Freight I	LLC.	"" or the abbreviation "L.L.C."
	inputy, the designation coe	of the above viation (a.b.e.
Enter new principal offices address, if applicable:	N/A	***
(Principal office address MUST BE A STREET ADDRESS)	14 /44	***
-		
Enter new mailing address, if applicable:		in CD CD CDC - SBr - File
(Mailing address MAY BE A POST OFFICE BOX)	N/A	
		FM 30
B. If amending the registered agent and/or registered office addreagent and/or the new registered office address here:	ess on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:	N/A	
New Registered Office Address:		
New Registered Office Address.	Enter Florida street addre	255
		lorida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete perfaceept the obligations of my position as registered agent as provibeing filed to merely reflect a change in the registered office addicompany has been notified in writing of this change.	ormance of my duties, a ded for in Chapter 605,	and I am familiar with and , F.S. Or, if this document is

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
		Address N/A	□Add
			□ Remove
			□Add
			□Remove
			S☐Change
			□Add
		المر الما الما الما الما الما الما الما	
			<u> </u>
			□ Add
			□Remove
		 	Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□ Chaman

 					
		<u></u>			<u> </u>
 					_
	NA	· · · · · · · · · · · · · · · · · · ·			
	1/12.			· · · · · · · · · · · · · · · · · · ·	
		 			
			<u> </u>		
		<u>.</u> .	20 To 10 To	<u> </u>	<u>;</u> ;
			[편] - 프로	-	***
]. - 3116	36	
· · · · · · · · · · · · · · · · · · ·					
 					
Affective date, if other than the	date of filing:	(or	otional)		505 600 5
Note: If the date inserted in this bloom	lock does not meet the applicable s	e of filing or more than 90 days a statutory filing requirements,	tter filing.) P this date wi	ursuant to ill not be	listed as
locument's effective date on the De	epartment of State's records.				
	ve date, but not an effective time, a	at 12:01 a.m. on the earlier of	(b) The 9	90th day a	after the
-					
d is filed.					
e record specifies a delayed effective d is filed. Dated $3/8/24$					
od is filed. Dated $\frac{3/8/24}{}$		1			
od is filed. Dated $\frac{3/8/24}{}$	Alphans John Signature of a member of adhorized	representative of a member			-

Filing Fee: \$25.00