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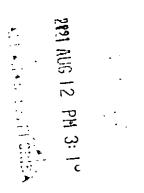
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO:

TO: Registration So Division of Co			
	ORTSWEAR LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	RAFAEL VASCONEZ		
		Name of Person	
	REV MULTI SERVICES	INC	
		Firm/Company	
	16499 NE 19 AVE SUITE	. 218	
		Address	
	MIAMI, FL. 33162	Firm/Company TE 218 Address City/State and Zip Code AOL.COM S: (to be used for future annual report notification) e call: 305 788-5207 at (
		City/State and Zip Code	
	REVMULTISERVICE@A		
	E-mail address: (to be used for future annual report notification)	
For further information o	concerning this matter, please c	all:	
RAFAEL VASCONEZ			
Name o	f Person	Area Code Daytime Telephone N	√umber
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce	0.00 Filing Fee, entificate of Status & entified Copy (ditional copy is enclosed)
Mailing Address Registration		Street Address: Registration Section	
Division of C		Division of Corporations	
P.O. Box 632	27	The Centre of Tallahassee	
Tallahassee.	FL 32314	2415 N. Monroe Street, St	uite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our recording Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Completion of Complete Liability	pany were filed on 10/22/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		 _
Principal office address MUST BE A STREET ADDRES.	<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 of agent and/or the new registered office address here:	fice address on our records, <u>enter</u>	
		•
Name of New Registered Agent:	·	
New Registered Office Address:		
The in Hogimered Office Hadress.	Enter Florida street addre	ss
	, Fl	lorida
	City [,]	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

CRUX SPORTSWEAR LLC

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 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
MGR	JUAN D CASTILLO VALDERRA	1850 SOUTH OCEAN DRIVE APT 409	□ Add
		HALLANDALE, FL. 33009	Remove
			□Change
AMBR	ANDREA P. QUIMI	1850 SOUTH OCEAN DRIVE APT 409	□Add
		HALLANDALE, FL. 33009	□Remove
			≡ Change
MGR	BERTHA ROJAS	1850 SOUTH OCEAN DRIVE APT 409	= Add
		HALLANDALE, FL. 33009	Remove
		- - 	Remove
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			□Change
			□Add
			□Remove
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			□Change

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	07/20/2	2021			
ffective date, if other than the an effective date is listed, the date mu	e date of filing: st be specific and cannot be	prior to date of filin	g or more than 90 day	(optional) 's after filing.) F	Pursuant to 605.020
Note: If the date inserted in this be locument's effective date on the D	lock does not meet the a	pplicable statutor	y filing requiremen	ts, this date w	ill not be listed a
iocument's effective date on the D	repartment of State's rec	ords.			
record specifies a delayed effective	e data but not an affect	ive time at 12:01	a m. on the earlier	of: (b) The	Outh day after th
d is filed.	e date, out not an enect	ive time, at 12.01	a.m. on the earlier	or. (o) The	Join day aller III
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Λ.	<u> </u>				
Elmobres !	Quimi Signature of a member or				
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