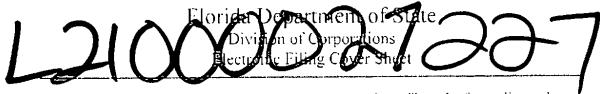
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Division of Corporations

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(((H22000107115 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAXLEAF.COM INC Account Number : I20140000084 : (305)541-3980 Fax Number : (786)713-1940

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ACULTURE CLOTHING LLC

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Electronic Filing Menu Corporate Filing Menu

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H22000107115 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ACULTURE CLO	OTHING LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	v as it now appears of ability Company)	n our records.)	
The Articles of Organization for this Limited Liability Company v Florida document number		01/12/2021	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here	;:	
SEFF CLOTHING LLC			
The new name must be distinguishable and contain the words "Limited Liability	y Company," the desi	guation "LLC" or the a	ibbreviation "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 a agent and/or the new registered office address here:	ddress on our rec	ords, <u>enter the na</u>	me of the new register
)
Name of New Registered Agent:			5 8
New Registered Office Address:	Enter Florida	a street address Florida	HAR 23
	City	, Fighta 	T Zip Ble
New Registered Agent's Signature, if changing Registered Agent:			Ω 5. 7. 1. 1. 1. 1. 1. 1. 1. 1
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of m rovided for in Ch	pacity. I further v ry duties, and I an apter 605, F.S. O.	gree to comply with to familiar with and r, if this document is
If Chan	ging Registered Agen	it, Signature of New I	Registered Agent

From: TAXLEAF, COM CONTADORMIAMI, C

H22000107115 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person-being added or removed from our records: 1122000107115.3

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			UChange
			□Add
			□Remove
			- Michange
			⊔Add
			□Remove
			Change
			∐Add
			□Remove
			Change
			□Add
			LIRemove
			☐ Change
			□Add
			□Remove
			Ll Change

Page: 5 of 5

). If amending	g any other information, ente	ter change(s) here: (Attach additional sheets, if necessary.)
		
	<u> </u>	
Note: If the	ate, if other than the date of f date is listed, the date must be specific date inserted in this block does i effective date on the Department	filing:
the record spectord is filed.	cifies a delayed effective date, bu	ut not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the
Dated	MARCH 10TH	
		MAlou AZZ
_	Signature	e of a standard resimbilized representative of a member
		ABOUELAZZM, YOUSSEF T
-		Typed or printed name of signee