L21000035211

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| Special Instructions to Filing Offi | cer: |
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Office Use Only



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Joshua M. Leitman

8235 Lakeshore Tr. E. Dr., #114 • Indianapolis, IN 46250 Josh,leitman@gmail.com • (248) 709-0094

August 24, 2021

Dear Florida Department of State:

Attached, please find an Amendment to the Articles of Organization for Bossify Clothing LLC removing Joshua Leitman as an Authorized Member.

If you have any questions, you can reach me at the email address and/or the phone number above.

Thank you

Joshua Leitman

COVER LETTER

Registration Section
Division of Corporations TO:

ELECTIVE.

| SUBJECT: | Bossify Clot | thing LLC | | 2531 AUG 30 | WW 8: 03 |
|----------------|-----------------|---|---|---------------------|-------------|
| | | Name of Limi | ited Liability Company | | |
| The enclosed | l Articles of A | Amendment and fee(s) are sub- | mitted for filing. | | • |
| Please return | all correspor | ndence concerning this matter | to the following: | | |
| | | Joshua Leitman | | | |
| | | | Name of Person | | |
| | | | Firm/Company | | |
| | | 8235 Lakeshore Trail East | Drive, Apr 114 | | |
| • | | | Address | | |
| | | Indianapolis, IN 46250 | | | |
| | | | City/State and Zip Code | | |
| | | josh.leitman@gmail.com | | | |
| | | E-mail address: (t | to be used for future annual report no | lification) | |
| For further in | iformation co | oncerning this matter, please ea | ill: | | • |
| Joshua Leitn | | | at () 709-0094 Area Code Daytir | | |
| | Name of | Person | Area Code Daytir | ne Telephone Number | |
| Enclosed is a | check for the | e following amount: | | | |
| ■ \$25.00 F | filing Fee | S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified C | of Status & |

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

Street Address: 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

| Bossify Clothing LLC | | |
|---|--|---|
| (<u>Name of the Limited Liability Company</u> (A Florida Limited Lia | (as it now appears on our records,) ibility Company) | |
| The Articles of Organization for this Limited Liability Company w Florida document number L21000035211 | ere filed on January 19, 2020 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabili | ty company here: | |
| The new name must be distinguishable and contain the words "Limited Liability | y Company," the designation "LLC" or the | ne abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | , |
| (Principal office address MUST BE A STREET ADDRESS) | | rto ao |
| | | |
| | | · · |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | - D |
| | | _ |
| B. If amending the registered agent and/or registered office adagent and/or the new registered office address here: | dress on our records, <u>enter the i</u> | name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Florida | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | Ciţ | zy Com |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change. | erformance of my duties, and Lo ovided for in Chapter 605, F.S. | ım familiar with and 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 |
|--------------|--------------|--|----------------|
| AMBR | Josh Leitman | 8235 Lakeshore Trail East Drive, Apt 114 | □Add |
| | | Indianapolis, IN 46250 | ≣Remove |
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| ective date, if other than the date of filing: collective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing 1 Pursuant to 605 ter. If the date inserted in this block does not racer the applicable statutory filing requirements, this date will not be list unent's effective date on the Department of State's records. cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after filed. ed SALALAOA Signature of a member or authorized representative of a member | | | | | | | <u>.</u> . | · <u> </u> | |
|--|---------------|---------------------------------------|------------------|----------------|---------------|----------------|---|-------------------------------------|--|
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| Signature of a member or authorized representative of a member | | | Collina | 1 20 | X | | | | |
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Filing Fee: \$25.00