

L210000 53887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

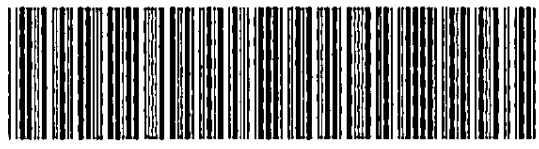
(Business Entity Name)

(Document Number)

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2021 MAR 15 P 8:26  
SOUTH CAROLINA  
SOUTH CAROLINA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: EVERLASTCOLLAB LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DIMITRI KATAMANIN

Name of Person

Firm/Company

1855 COLLINS AVE UNIT #2405  
Address

SUNNY ISLES BEACH, FL. 33160  
City/State and Zip Code

dkatamanin@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DIMITRI KATAMANIN at ( 310 ) 310-310-0589  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following 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)

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2021 MAR 15 PM 8:26  
TALLAHASSEE, FL

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee

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

EVERLASTCOLLAB LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/29/2021 and assigned Florida document number L21000053887.

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" or the abbreviation "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 address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

**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.*

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2021 MAR 15 8:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	TALLIMAN INC	1212 N WELLS ST APT #904	<input type="checkbox"/> Add
		CHICAGO, IL. 60610. USA	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMGR	PEACE BROS INC	2175 CUMBRE PL	<input type="checkbox"/> Add
		EL CAJON, CA. 92020 USA	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

STATE OF CALIFORNIA  
 2021 MAR 15 P 8:26  
 TALLIMAN INC  
 1212 N WELLS ST APT #904  
 CHICAGO, IL 60610

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)
(Pursuant to 605.0207 (3)(b))
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

FILED
2021 MAR 15 P 8:28
STATE OF CALIFORNIA
DEPARTMENT OF STATE

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90 day after the record is filed.

Dated FEBURARY, 25 2021

Signature of a member or authorized representative of a member

DIMITRI KATAMANIN

Typed or printed name of signee