L21000102148

| (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: |
| J. HORNE JUL 15 2022 |
| |

Office Use Only



700390966427

OFFICE ALCASSEF, FLORING.

2022 JUL 14 PM 2:0

SECRETARY OF SHEET

FLORIDA FILING & SEARCH SERVICES, INC.

* - P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

07/14/22

NAME:

LION ATTITUDE CLOTHING, LLC

TYPE OF FILING: AMENDMENT

COST:

30.00

RETURN: PLAIN COPY and Good Standing Please!

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

| | Lion Attitude Clothing, L | I.C. | | |
|---------------------------|---|---|---------------------|--|
| SUBJECT: | | ited Liability Company | | |
| The enclosed Articles o | f Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all corresp | ondence concerning this matter | to the following: | | |
| | | Rudy Phillips | | · |
| | | Name of Person | | |
| | Lio | n Attitude Clothing | , LLC | |
| | | Firm/Company | | |
| | 234 | 14 Crescent Moon S | St | |
| | | Address | | |
| | Kiss | simmee, FL 34746 | -88 T | |
| | lionattit | City/State and Zip Code udeclothing@gmail | com | |
| | | to be used for future annual | | <u>-</u> _ |
| For further information | concerning this matter, please c | all: | | |
| Rudy Philli | ps | at (<u>407</u>) | 508-8962 | <u></u> |
| Name | of Person | Area Code | Daytime Telephone N | Number |
| Enclosed is a check for | the following amount: | | | |
| ℜ \$25.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee Certified Copy (additional copy is en | Closed) Co | 0.00 Filing Fee, ertificate of Status & ertified Copy Iditional copy is enclose |
| Mailing Addre | | Street A | | |
| Registration | | Registration Section | | |
| P.O. Box 63 | Corporations 27 | Division of Corporations The Centre of Tallahassee | | |
| | FL 32314 | 2415 N. Monroe Street, Suite 810 | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2022 JUL 14"AH 9=27

| Lion Attitude Clothing, LLC | ; SEC | RETARY OF STATE |
|---|---|--------------------------|
| (<u>Name of the Limited Liability C</u> (A Florida Lin | ompany as it now appears on our records.) | mmassee, fight |
| The Articles of Organization for this Limited Liability Com Florida document number <u>L21000102148</u> . | | 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 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES) | | |
| Enter new mailing address, if applicable: | PO Box 451842 | |
| (Mailing address MAY BE A POST OFFICE BOX) | Kissimmee, FL 34745 | |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here: | fice address on our records, enter the na | me of the new registered |
| 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.

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 | Tiffany Phillips | 2344 Crescent Moon St | |
| | | Kissimmee, FL 34746 | ⊠Remove |
| | | | ☐ Change |
| MGR | Marlon Henderson | 2344 Crescent Moon St | IŠ:Add |
| | | Kissimmee, FL 34746 | []Remove |
| | | | [] Change |
| | | | DAdd |
| | | | Remove |
| | | | ☐Change |
| | | | []Add |
| | | | []Remove |
| | | | []Change |
| | | | □Add |
| | | | [] Remove |
| | | | []Change |
| | | | □Add |
| | | | □Remove |
| | | | Mehana |

| D. If amendin | g any other information, | enter chan | ge(s) here: <i>(a</i> | Attach additio | ial sheets, if nec | ressary.) | |
|--|---|---------------------------------------|---------------------------------------|--------------------|---|--|---------------------------------|
| · | | 11.5 | | | | | _ |
| | | | | | | | |
| | | | | | | ·· | _ |
| | | | | | | | _ |
| | | | | | | | |
| | | | | | ., | | <u> </u> |
| | | | | | | | |
| | | | | | | | |
| | | | | | | · | _ |
| | | · · · · · · · · · · · · · · · · · · · | · · · · · | | | | _ |
| | | | | | | | _ |
| | | | | | | | _ |
| | | | <u> </u> | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | | | _ |
| Note: If the | ate, if other than the date date is listed, the date must be specified in this block deffective date on the Departs | sectic and can oes not meet | inot be prior to da the applicable | de of filing or mo | (opti re than 90 days afte requirements, th | ional) or filing.) Pursuant to (is date will not be l | 505.0207 (3)(b) isted as the |
| If the record spec record is filed. | cifies a delayed effective date | e, but not an | effective time, | at 12:01 a.m. o | n the earlier of: () | b) The 90th day a | iter the |
| Dated | July 13 | · · · | 2022 | • | | | |
| _ | Signa | iture of a men | iber or authorized | d representative o | of a member | | |
| | | | | | | | |
| _ | | H Tyj | ludy Phillips | me of signee | | | |

Filing Fee: \$25.00

COVER LETTER

• .

| TO: Registration Sc Division of Cor | | | | |
|--|--|--|--|-------------|
| SUBJECT: | Lion Attitude Clothing, L | LC | | |
| SOMECT. | | ited Liability Company | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all correspo | endence concerning this matter | to the following: | | |
| | | Rudy Phillips Name of Person | | |
| | | Name of Person | | |
| | Lio | n Attitude Clothing | g, LLC | |
| | | Firm/Company | | |
| | 234 | 44 Crescent Moon | St | |
| | | Address | | |
| | Kiss | simmee, FL 34746 | | |
| | | City/State and Zip Code | e | |
| | | udeclothing@gmai | | |
| For further information e | oncerning this matter, please ea | | Treport instructions, | |
| Rudy Phillip | os | at (407) | 508-8962 | |
| Name o | f Person | Area Code | Daytime Telephone Number | |
| Enclosed is a check for the | ne following amount: | | | |
| ★ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee Certified Copy (additional copy is ea | Certificate nclosed) Certified C | of Status & |
| Mailing Addres Registration 5 | | | <u>Address:</u> .ration Section | |
| Division of C | Corporations | Division of Corporations | | |
| P.O. Box 632 | | | |) |
| Enclosed is a check for the Signature Signatur | Kiss | Address Simmee, FL 34746 City/State and Zip Code Udeclothing@gmailto be used for future annual alf: at (| 508-8962 Daytime Telephone Number See S60.00 Filir Certificate Certificate (additional control of the control of the certificate (additional control of the certificate (add | of Stati |

Tallahassee, FL 32303