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2022 HAY 24 AM 8: 26 SEURE FARY OF STATE TALLAHASSEE, FL

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: GODLY ADATEL LLC Numb 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:
SAMAIYAH L104D Name of Person  GODIY APPAREL LLC Firm/Company
GODIG APPAREL LLC Firm/Company
1209 NW 4th 5T Address
FOrt Canderdall, Fl 3331/ City/State and Zip Code
Pastorsamainability da gnisile com E-mail address: (tope used for future annual seport notification)
For further information concerning this matter, please call:
SAMAIYAH [109] at (754) 366-1768 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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

FILED

2022 MAY 24 AM 8: 26 (FODLY APP imited Liability Company as it now appears on our records.) SEURE IART OF STATE
(A Florida Limited Liability Company)

TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on  $\frac{3/29/202/}{}$  and assigned Florida document number <u>L2</u>1000/44234. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SAMAJUAH'S GODIY BRAND Collection LLC.

The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." 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 \_

## 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.

City

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
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Filing Fee: \$25.00