## h21000157135

(Red	questor's Name)	<del> </del>
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## **COVER LETTER**

TO:

TO: Registration Se Division of Cor						
	APPAREL & MORE L.L.C.					
SUBJECT:	Name of Limi	ted Liability Company		<del></del>		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	LOVEITE DOBSON					
		Name of Person				
	INCFILE.COM LLC					
		Firm/Company	· <del>- · ·</del>			
17350 STATE HWY 249 STE 220						
		Address		<del></del>		
	HOUSTON, TX 77064					
		City/State and Zip C	ode			7.5
	EFILE1234@INCFILE.CO				1	٠.٧
	E-mail address: (	to be used for future an	nual report notifi	cation)	<del></del>	1
For further information of	concerning this matter, please ca	all:			2	
LOVETTE DOBSON		888 at (	462-3453		<u> </u>	. 1
Name o	of Person	Area Code	Daytime	Telephone Number	II: 2u	
Enclosed is a check for t	he following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing I Certified Cop (additional copy	у	S60.00 Fil Certificate Certified (additional c	e of Statu: Copy	
Mailing Addre Registration			et Address: distration Sec	tion		
Division of C	Corporations	Div	ision of Corp	oorations		
P.O. Box 632 Tallahassee,			Centre of Ta	allahassee Street, Suite 81	10	
rananassee,	1 12 フンフェマ	± <b>+</b> 1	⇒ 14. 141OIIIO€	. Gurri June 01	. •	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

. RENEE'S APPAREL				
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records Liability Company)	.)		
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L21000157135}{L21000157135}$	were filed on <u>04/05/2021</u>	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	6501 Arlington Expressway B105 #2194			
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL 32211			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6501 Arlington Expressway B1 Jacksonville, FL 32211	05 #2194		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new register		
Name of New Registered Agent:		2 [		
New Registered Office Address:	Enter Florida street address	5		
	, Flo	Orida		
	City	Zip Coue		

## 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 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	Ashley Sprouse	6501 Arlington Expressway B105 #2194	□Add
		Jacksonville, FL 32211	□Remove
			Change
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an effective date is listed, the date must be specific and cannot be pr	rior to date of filing	or more than 90 day	(optional) — 's after filing.) Purs	uant to 605,020
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