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COVER LETTER

	gistration Se ision of Cor			
CUD ILIZET.		NE APPAREL, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	ı all correspo	ondence concerning this matter	to the following:	
		Lamar Lane		
			Name of Person	
		IN MY LANE APPAREL,	LLC	
Firm/Company				
		4021 NW 177TH ST		
			Address	
		MIAMI GARDENS, FL 3.	3055	
			City/State and Zip Code	
		mrlamarlanejr@gmail.com E-mail address: (to be used for future annual report noti	(fication)
For further in	nformation c	oncerning this matter, please ca		
Lamar Lane		786 343-7699		
Name of Person		at () Area Code Daytim	te Telephone Number	
Enclosed is	a check for th	ne following amount:		
■ \$25.00 E	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres gistration S		Street Address: Registration Se	ction
Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

IN MY LANE APPAREL, LLC

OF

2024 APR 11

PPAREL. 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	and assigned	
Florida document number L21000178798			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
IN MY LANE, LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)			
Enter new mailing address, if applicable:		<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the 1	name of the new registered	
agent and/or the new registered office address here.			
Name of New Registered Agent:			
Name of New Registered Argent.			
New Registered Office Address:	Enter Florida street address		
	, Florida	Zip Code	
	Ciù	ziji Cina	

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.

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. of a member or authorized representative of a member Signartire Lamar Lane

Filing Fee: \$25.00

Typed or printed name of signee