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(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Dc	ocument Number)	
Certified Copies	_ Certificates	of Status
<u> </u>		
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U6/U8/21--U1022--U05 **25.00

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COVER LETTER

TO:	Registration Sec Division of Corp			
		NE APPAREL, LLC	,	
SUBJE	CT:	Name of Limit	ed Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are subn	nitted for tiling.	
Please r	eturn all correspor	ndence concerning this matter t	o the following:	
		MATTHEW HYMAN		
			Name of Person	
		UNITED LINE APPARLE	, LLC	
			Firm/Company	_
		941 S MILITARY TRAIL.	F4	
			Address	
		WEST PALM BEACH, FI	.33415	
			City/State and Zip Code	
		MATT@IDENTIFIRESAF	ETY.COM to be used for future annual report noti	fication)
For furt	ther information c	oncerning this matter, please ca		
MATT	HEW HYMAN		561 2486323	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclos	ed is a check for the	he following amount:		
	5.00 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 tadditional copy is enclosed)
	Mailing Addre		<u>Street Address:</u> Registration Sc	
	Division of C P.O. Box 631	Corporations	Division of Co The Centre of	rporations Fallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, Fl. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UNITED LINE APPAREL, LLC			
(Name of the Limite	ed Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Licelland document number 1.21000179241		were filed on 6/1/2021	and assigned
his amendment is submitted to amend the follo	owing:		
. If amending name, enter the new name of	the limited liabi	lity company here:	
N/A			
he new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the designation "LLC" or the al	obreviation "L.L.C."
nter new principal offices address, if applica	able:	N/A	
Principal office address MUST BE A STREE	T ADDRESS)		
Inter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE.	<u>BOX)</u>		
			2
3. If amending the registered agent and/or r	egistered office a	ddress on our records, enter the nan	ne of the new registe
gent and/or the new registered office addres	ss here:		* *
			!
Name of New Registered Agent:	N/A		
New Registered Office Address:			5 .
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	JOHN T KAVANAGH	941 S MILITARY TRL, F4	
		WEST PALM BEACH, FL 33415	■Remove
			□Change
	- 		□Add
			□Add
			Remove
			Change
			□Add
		.	□Remove
			□Change
			□Add
		-	□Remove
		-	□Change
			🗆 Add
			□Remove
			□Change

Effective date, if other than the date of filing: G/1/2021		
Effective date, if other than the date of filing: 6/11/2021		
Effective date, if other than the date of filing: (aptional) (aptional) (apti		
Effective date, if other than the date of filing: for effective date, if other than the date of filing: fan effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 (days after filing.) Pursuant to 605.0207 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to locument's effective date on the Department of State's records. 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 distilled. Dated JUNE 1 2021 JUNE 1 2021 JUNE 1 2021 JUNE 1 2021		
Effective date, if other than the date of filing: (optional)		
Effective date, if other than the date of filing: 6/1/2021		
Effective date, if other than the date of filing: 6/1/2021		
Effective date, if other than the date of filing: f an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records. Trecord specifies a delayed effective date, but not an effective time, at +2:01 a.m. on the earlier of: (b) The 90th day after the dis filed. Dated HINE 1 2021 Machine Machine Signature of a plember of authorized representative of a member		
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Filing Fee: \$25.00