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SECRETARY OF STATE



COVER LETTER

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	vision of Cor			•		
SHD IEZT.	STRONG L	IKE BULL APPAREL LLC	•	7		
SUBJECT:		Name of Limited Liability Company				
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	n all correspo	ndence concerning this matter	to the following:			
		DAVID ERIC SMOUSE I	I			
	Name of Person					
	STRONG LIKE BULL APPAREL LLC					
	Firm/Company					
		782 SILVER CLOUD CIRCLE APT 200				
	Address					
		LAKE MARY, FL 32746				
			City/State and Zip Code			
	DAVE@STRONGLIKEBULLAPPAREL.COM					
		E-mail address: (to be used for future annual report no	otification)		
For further	information c	oncerning this matter, please co	all:			
DAVID ER	IIC SMOUSE	: 11	407 692-1045			
	Name o	f Person	at () Area Code Dayt	ime Telephone Number		
Enclosed is	a check for th	ne following amount:				
■ \$25.00	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 (additional copy is enclosed)		
Mailing Address: Registration Section		Street Address: Registration Section				
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Division of Corporations The Centre of Tallahassee			
			2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STRONG LIKE BULL APPAREL LLC				
(Name of the Limited Liability Co (A Florida Lin	ompany as it now appears on our record nited Liability Company)	<u>s.</u>)		
The Articles of Organization for this Limited Liability Comp Florida document number $\frac{L21000242612}{L21000242612}$	pany were filed on 05/24/2021	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	Liability Company," the designation "LLC	" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		202		
(Principal office address MUST BE A STREET ADDRES.	<u> </u>	LARE STATE OF THE		
Enter new mailing address, if applicable:	-16	SECTION S		
(Mailing address MAY BE A POST OFFICE BOX)		0810 28 28 28 29 29 29 29 29 29 29 29		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter</u>	the name of the new registered		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street addres	3		
	City	orida Zip Code		
New Registered Agent's Signature, if changing Registered Agent's Property of the Registered Agent's Signature, if changing Registered Agent's Property of the Registered Agent's Signature, if changing Registered Agent's Registered Agent's Registered Agent's Registered Agent's Registered Agent's Registered	gent:			
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agen being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete performance of my duties, at t as provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is		

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	DAVID ERIC SMOUSE II	782 SILVER CLOUD CIRCLE APT 200	[]Add
		LAKE MARY, FL 32746	□Remove
			≡ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□ Change

. If amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note: If the	te, if other than the date of filing:
he record spec ord is filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated <u></u>	Mujust 2.2021 Signature of a member or authorized representative of a member
	/ August 2.2021
	Signature of a member or authorized representative of a member
D	AVID ERIC SMOUSE II
	Typed or printed name of signee

Filing Fee: \$25.00