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COVER LETTER

TO:

	egistration Se division of Cor					
un icoa		NS APPAREL LLC				
SUBJECT	Name of Limited Liability Company					
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please retu	ırn all correspo	ndence concerning this matter	to the following:			
		Shawn Powell				
			Name of Person	<u> </u>		
		HB DESIGNS APPAREL	LLC			
			Firm/Company			
		19310 SW 54th St				
			Address			
		Miramar, FL 33029				
			City/State and Zip Code			
		shawncp16@gmail.com	1.00			
For further	r information c	is-mail address: (oncerning this matter, please c	to be used for future annual report no all:	omeanon)		
Shawn Po	well		954 2031332 at ()			
	Name o	f Person	Area Code Dayti	ime Telephone Number		
Enclosed i	s a check for th	ne following amount:				
\$25.00	0 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)		
_	lailing Addres Legistration S		Street Address: Registration S	Section		
C	Division of C	Corporations	Division of Corporations			
	P.O. Box 632 Tallahassee, I		The Centre of 2415 N. Mon	Tallahassee roe Street, Suite 810		
ı	ananassee, i	L 34317	2713 IV. WIOIII	of Direct, Dance or o		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HB DESIGNS APPAREL LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Plorida document number <u>L21000259608</u>	were filed on 06/03/2021 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:
PRVL US LLC	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the 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: Mailing address MAY BE A POST OFFICE BOX)	7023 FEB 13 AM 10: 11 555 13 AM 10: 11 555 13 AM 10: 11
 If amending the registered agent and/or registered office a gent and/or the new registered office address here: 	address on our records, enter the name of the new register
Name of New Registered Agent: New Registered Office Address:	thiter Florida street address, Florida 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 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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
		-A / / A	□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Remove
		A/A	□Change
			□Remove
		<u> </u>	□Change
			□Add
			□Remove
			□Change

Note: If the	late, if other than the date of filing:
document's	s effective date on the Department of State's records.
the record spec	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	2023
Dated Janua	ally 0
Dated	2023 ·

Typed or printed name of signee