NZ1 COC 297252

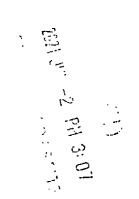
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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
SUBJECT: The	Label Designer	Bay (Macany U)	
	Name of Limi	ted Liability Company	
The analogad Articles of	Amendment and fee(s) are subt	nitted for filing	
	ndence concerning this matter t	_	
riease tetum an correspo	indence concerning this matter t	to the following.	
	Olivia	follard Name of Person	
		Name of Person	
	The Lubel	Designer Rag Comp	any LLC
	<u> 41.000</u>	Jan <u>Martino</u> Dr Address	
	Meiler	(Masel F1 33543 City/State and Zip Code	
		OCCUMUST NET	
For further information c	oncerning this matter, please ca	ill:	
Olivia r	oliard	at (352) 989-	1341
Name d	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee	S30.00 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 Addres Registration S		Street Address: Registration Sec	tion
Division of C	orporations	Division of Corp	porations
P.O. Box 632	.7	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

the lavel beigner bag lompany L	.LC
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.) any)
The Articles of Organization for this Limited Liability Company were filed o	n <u>\(\ \ 2\ \ \ \ \ \ \ \ \ \ \ \ \ \</u>
lorida document number <u>L210W 297 252</u> .	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability compar	n <u>v here</u> :
The label Designer Rag Collection LLC	
the new name must be distinguishable and contain the words "Limited Liability Company."	the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
nter new mailing address, if applicable:	
Aailing address MAY BE A POST OFFICE BOX)	
	, , ,
. If amending the registered agent and/or registered office address on o	our records, enter the name of the new registe
gent and/or the new registered office address here:	
	3 9
Name of New Registered Agent:	١.
New Registered Office Address:	
	r 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>	Name	Address	Type of Action
			Remove
			Change
			□Add
			□Remove
			[]Change
			□Add
			□Remove
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			□Change
			🗀 Add
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			□Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
17. If amending any other information, enter change(s) here. (Anach daantonal success, if necessary.)
E. Effective date, if other than the date of filing:
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.
Dated Juyic 281" 2021.
Dated Juyic 281" . 2021 . Chillian Signature of a member or authorized representative of a member
Typed or printed name of signee
Typed or printed name of signee