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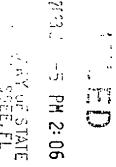
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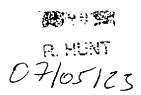
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## **COVER LETTER**

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The enclosed Articles of Ame	endment and fee(s) are subm	nitted for filing.					
Please return all corresponder	nce concerning this matter to	o the following:					
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Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Shades of Naples Eyewear LLC

(Name of the Limited Liability Compan (A Florida Limited L	is as it now appears on our records.)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L 21000313205</u> .	were filed on July 08, 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabile  SOLÉ OF Naples E  The new name must be distinguishable and contain the words "Limited Liabili	yewear LLC
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)	-5 PN 2:
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:  New Registered Office Address:	<del></del>
	Enter Florida street address
	Elouido

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

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