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(((H23000359905 3)))



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Division of Corporations

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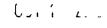
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PALM BEACH HAT COMPANY LLC

| Certificate of Status | 0       |
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Help



Registration Section Division of Corporations

TO:

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| SUBJECT: PALM E  | BEACH HAT COMP.  Name of Lim                    | ANY LLC<br>ited Liability Company   |   |
|--|---|---|---|
| en la la de de la company  | A   | anne I da dilan   |   |
| The enclosed Articles of   | Amendment and fee(s) are sub                    | nuce for time.  |   |
| Please return all correspo   | ndence concerning this matter                   | to the following:   |   |
|  | LOVETTE DOBSON                                  |   |   |
|  |   | Name of Person  | <del></del>   |
|  |   | Firm/Company  |   |
|  | 17350 STATE HWY 249                             | # 22()  |   |
|  |   | Address   |   |
|  | HOUSTON TX 77064                                |   |   |
|  | · · · · · · · · · · · · · · · · · · ·           | City/State and Zip Uode   |   |
|  | EFILE1234@INCFILE.CO                            | )M  |   |
|  | F-mail address: (                               | to be used for future annual report not   | (heation)   |
| For further information c  | oncerning this matter, please c                 | all:  |   |
| LOVETTE DOBSON   |   | 888462345.  |   |
| Name of Person   |   | at ()<br>Area Code Daytin   | ne Telephone Number   |
| Enclosed is a check for t  | he following amount:                            |   |   |
| ■ \$25.00 Filing Fee   | □ \$30,00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed)                                 | So0.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addre<br>Registration<br>Division of C<br>P.O. Box 631<br>Tallahassee. | Section<br>Corporations<br>27                   | Street Address:<br>Registration So<br>Division of Co<br>The Centre of<br>2415 N. Monro<br>Tallahassee, F. | rporations<br>Tallahassee<br>5e Street, Suite 810                                       |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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| PALM BEACH HAT   |                                     |  |   |
|--|-------------------------------------|--|---|
| ( <u>Name</u> of the Limited Liability Company<br>(A Florida Limited Liab  | as it now appear<br>oility Company) | s on our records.                              |   |
| The Articles of Organization for this Limited Liability Company was Florida document number <u>L21000330681</u> .  | ere filed on                        | 07/21/2021                                     | and assigned                            |
| This amendment is submitted to amend the following:  |                                     |  |   |
| A. If amending name, enter the new name of the limited liability  M4LSHOP LLC  The new name must be distinguishable and contain the words "Limited Liability".   |                                     |  | reviation (L.E.C."                      |
| Enter new principal offices address, if applicable:  |                                     |  |   |
| (Principal office address MUST BE A STREET ADDRESS)  |                                     |  |   |
|  |                                     |  |   |
|  |                                     |  | • •                                     |
| Enter new mailing address, if applicable:  |                                     |  | <u></u><br>                             |
| (Mailing address MAY BE A POST OFFICE BOX)   |                                     |  | 30                                      |
| B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:  | dress on our r                      | ecords, <u>enter the name</u>                  | e of the new registere                  |
| Name of New Registered Agent:  | <del>.</del> - ——                   |  |   |
| New Registered Office Address:   | Enter Flor                          | ida 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 provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change. | erformance of<br>ovided for in C    | my duties, and I am f<br>Thapter 605, F.S. Or, | amiliar with and<br>if this document is |
| If Changi  | ng Registered Ag                    | ent. Signature of New Rep                      | dstered Agent                           |

10/16/2023 03:32:19 CDT, Page, 4/5

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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| MGR =  | Manager    |        |
|--------|------------|--------|
| AMBR = | Authorized | Member |

| <u>Title</u> | <u>Name</u> | Address     | Type of Action                         |
|--------------|-------------|-------------|--|
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| Dated October 13  | 2023<br>Martha L            | ka kamini Ha  |   |
|---|-----------------------------|---|---|
| the record specifies a delayed effective date, but cord is filed.   | not an effective time, at 1 | 2:01 a.m. on the earlier of                                   | (b) The 90th day after the  |
| Effective date, if other than the date of fitth an effective date is listed, the date must be specific Note: If the date inserted in this block does not document's effective date on the Department of | ot meet the applicable sta  | (0) f tiling or more than 90 days autory filing requirements. | ptional) ther filing.) Pursuant to 605,0207 (3)th this date will not be listed as the |
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Typed or printed name of signee