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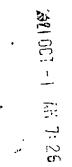
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## **COVER LETTER**

TO: Registration So Division of Cor			
Suitable So		•	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Amyeric Gooden		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	Suitable Soles LLC		
		Firm/Company	
	17920 nw 25th et Miami C	Gardens	
		Address	<del> </del>
	Miami Gardens, FL 33056		
	suitablesolesllc@gmail.con	City/State and Zip Code	<del></del>
		to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
Amyeric Gooden		305 733-9239	
Name c	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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 Addre	ss:	Street Address:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

海1007-1 AN 7:26

Suitable Soles LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on September 13, 2021 and assigned Florida document number  $\frac{1.21000405527}{1.21000405527}$ 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 "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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter 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 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 At 100 1 At 7: 26	Type of Action
MGR	Amyeric Gooden	17920 nw 25th ct Miami Gardens, FL 33056	<b>=</b> Add
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tive date, if other than the date of filing:			(optional)	
tive date, if other than the date of filing:	t be prior to date of filing	or more than 90	days after filing.) P	ursuant to 605.0
If the date inserted in this block does not meet the nent's effective date on the Department of State's	ie applicable statutory records.	rumg requiren	ients, this date wi	II not be lister
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ord specifies a delayed effective date, but not an ef	Evativa tima, at 12:01	n on the earl	ier of: (b) The G	Oth day after
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September 27 200	.1			
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Signature of a melob	r or authorized represen	tanve of a memor	UI .	

Filing Fee: \$25.00