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(Requestor's Name)	
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(City/State/Zip/Phone #)	
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T. MATTHEWS NOV 2 2 2021

COVER LETTER

TO: Registration Se Division of Cor			
all n liver	PATRICTIC	TEES LLC	
SUBJECT:		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:	
	Dno	14LAS COTHRON	J
		Name of Person	
		Firm/Company	
	7750	GEORA DOWE	
		Address	
	doug-cothe	City/State and Zip Code On Dyahoo. Com to be used for future annual report notifi	
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please co	all:	
DOUGLAS (OTHRON	at (407) 256- Area Code Daytime	1567
Name o	f Person	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 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

 \mathbf{OF}

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PATRIOTIC	TEES, LLC	
(Name of the Limited Liability C	Company as it now appears on our mited Liability Company)	records.)
		(/
he Articles of Organization for this Limited Liability Com	npany were filed on9//4	and assigned
lorida document number <u> </u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	<u></u>	
3. If amending the registered agent and/or registered of	ffice address on our records.	enter the name of the new register
gent and/or the new registered office address here:	·····	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
		Florido
	City	, 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.

City

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 = Ms $AMBR = Au$	anager uthorized Member	o + 2	
<u>Title</u>	<u>Name</u>	Address 21 83% 12 P/1 3: 42	Type of Action
EVP	JULIA M COTHRON	ZZSO SIERRA DRIVE	□Add
		ZZSO SIERRA DRIVE NEW SMYRNA BEACH, FI	
		32168	□Change
AMBR	Douglas J. COTHRON	ZZEW SIERRA DRIVE WEW SMYRNA BEACH, FL	[JAdd
		XEW SMYRNA BEACH, FL	□Remove
		32168	□Change
			□Add
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reffective date, if other than the date of fining.	(optional) t be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
te: If the date inserted in this block does not meet the	e applicable statutory filing requirements, this date will not be listed as
cument's effective date on the Department of State's r	records.
ecord specifies a delayed effective date, but not an effe	ective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed. م	
ted NOVEMBER 901. 2	2021
The state of the s	
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Signature of a member	r or authorized representative of a member
1	or printed name of signee

Filing Fee: \$25.00