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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Zartk App Name of Din	oxe LLC nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Shakeerjha	Name of Person	<u>.</u>
	Cozartk	Apparel LLC. Firm/Company	· · · · · · · · · · · · · · · · · · ·
	1101 Gre	entree Ct Apt	<u> </u>
	Tallahasse Shakarulas	eFl 32304 City/State and Zip Code	1
	E-mail address! (Obequied for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
Shakeeyha Name o	Parker	at (ASO) 203 - Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne 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 OF

(cozort)	K Apparel LL	2 2 2 2 2 2
(Name of the Limited Li (A.F.)	iability Company as it now appears on lorida Limited Liability Company)	our records:)
The Articles of Organization for this Limited Liabili Florida document number 21004254		15 2 Land and assigned
This amendment is submitted to amend the followin	g.	
A. If amending name, enter the new name of the KOZOY+K APPORC! The new name must be distinguishable and contain the words	LLC.	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
3. If amending the registered agent and/or regist agent and/or the new registered office address he		ds, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	treet address
	Emer Ploridu's	
	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.

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	Type of Action
			□Add
			□Remove
			□Change
			□ Add
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Ti ce	late, if other than the	date of filing:			(optional)	
Effective c	date is listed, the date must	t be specific and ea ock does not mee	annot be prior to dat	te of filing or more that statutory filing requ	90 days after filing	Pursuant to 605,0207 () will not be listed as the
Note: If th	effective date on the De					
Note: If the document's e record spe	effective date on the De	: date, but not an	n effective time, a	t 12:01 a.m. on the	earlier of: (b) The	e 90th day after the
Note: If the document's e record spend is filed.	enective date on the De		n effective time, a	t 12:01 a.m. on the	earlier of: (b) Tho	e 90th day after the
Note: If the document's e record spend is filed.	cifies a delayed effective	15. Malkeus	2021	t 12:01 a.m. on the		e 90th day after the