K21000446938

| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
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| (Document Number) |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| Div | ision of Corp | porations | | |
|----------------|-----------------|--|---|---|
| SUBJECT: | | APPAREL LLC | · | • |
| SUBJECT. | | Name of Lim | ited Liability Company | <u> </u> |
| The enclosed | d Articles of A | Amendment and fee(s) are sub | mitted for filing. | |
| Please return | all correspor | ndence concerning this matter | to the following: | |
| | | EDOUAN MARCELLI FO | DUCAULT SAINT-PHARD | |
| | | | Name of Person | |
| | | PRESYON APPAREL LL | С | |
| | | · · · · · · · · · · · · · · · · · · · | Firm/Company | <u> </u> |
| | | 20610 WHITEBUD CT | | |
| | | | Address | |
| | | TAMPA FL 33647 | | |
| | | | City/State and Zip Code | |
| | | ONORABCO@OUTLOOK | | |
| | | E-mail address: (| to be used for future annual report notif | ication) |
| For further in | nformation co | ncerning this matter, please c | all: | |
| EDOUAN N | MARCELLI F | OUCAULT SAINT-PHARD | 646 400-7118 at () | |
| | Name of | Person | | Telephone Number |
| Enclosed is a | a check for the | e following amount: | | |
| □ \$25.00 F | 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) |
| Ma | ilina Addrave | | Stuart Addungs | |

TO:

Registration Section

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

FILED

Zip Code

| PRESYON APPAREL LLC | | | 2022 JUN -2 AM 11: 24 |
|---|---|---|------------------------------------|
| (Name of the Lim | ited Liability Com (A Florida Limite | pany as it now appears on our rec d Liability Company) | ords.) |
| The Articles of Organization for this Limited I Florida document number L21000446938 | iability Compar | ny were filed on 10/13/2021 | TALL AHASSEE. FL |
| This amendment is submitted to amend the fol | | | |
| A. If amending name, enter the new name of | of the limited lis | ability company here: | |
| ONORAB LLC | | | |
| The new name must be distinguishable and contain the | words "Limited Lia | ability Company," the designation "L | J.C" or the abbreviation "L.I.,C," |
| Enter new principal offices address, if appli | cable: | 20610 WHITEBUD CT TA | MPA FL 33647 |
| (Principal office address MUST BE A STREA | ET_ADDRESS) | | |
| | | | |
| Enter new mailing address, if applicable: | | 20610 WHITEBUD CT TA | MPA FL 33647 |
| (Mailing address MAY BE A POST OFFICE | BOX) | | |
| | | | |
| B. If amending the registered agent and/or agent and/or the new registered office addre | | e address on our records, <u>ent</u> | ter the name of the new registered |
| Name of New Registered Agent: | EDOUAN M | ARCELLI FOUCAULT SAINT | -PHARD |
| New Registered Office Address: | 20610 WHITEBUD CT | | |
| | | Enter Florida street ada | |
| | TAMPA | | Florida 33647 |

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

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

| Title | <u>Name</u> | Address | Type of Action |
|-------|---------------|------------------------|----------------|
| AMBR | EDDEL EDOUARD | 6217 SUSHI CT | ≣Add |
| | | WESLEY CHAPEL FL 33545 | □Remove |
| | | | □Change |
| AMBR | TODD MONDESIR | 10518 SCENIC HOLLOW DR | |
| | | RIVERVIEW FL 33578 | |
| | | | Change |
| | | | □ Add |
| | | | □Remove |
| | | | □Change |
| | | | □ Add |
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| ective date, if other than the | date of filing: | | | (optio | nal) | |
| effective date is listed, the date muster: If the date inserted in this bl | | | | han 90 days after i | iling.) Pursuar | |
| nument's effective date on the D | | | atatory rimig re | quirements, uns | date will not | oc nace a |
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| cord specifies a delayed effectiv | e date, but not an ef | fective time, at | 12:01 a.m. on the | he earlier of: (b) | The 90th d | lay after the |
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| ed MAT 2011 | Signature of a member | er or authorized | epresentative of a | member | | |