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PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
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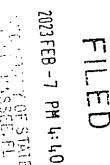
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COVER LETTER

	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:	
	Haseeb Panwala		
		Name of Person	-
	H&H Textile Industries LL	C	
		Firm/Company	
	7401 Wiles Rd Ste 249		
		Address	
	Coral Springs, FL 33067		
	haseeb.panwala@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
Haseeb Panwala		954 242-9552	
	20	at ()	e Telephone Number
Name 0	f Person	Area Code Daytime	e rerepnone Number
Enclosed is a check for the	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

Registration Section Division of Corporations

TO:

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

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records. Jability Company)	1
The Articles of Organization for this Limited Liability Company Florida document number 1.22000031290	were filed on January 2022	and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	ility compa <u>ny here</u> :	
H & H Textile Industries LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7401 Wiles Rd Ste 249 Coral Springs, FL 33067	
Principal office address MUST BE A STREET ADDRESS)		202
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		FILED 3FEB -7 Ph 4: CRUITANISSIESI
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Emer Florida street address	· · · · · · · · · · · · · · · · · · ·
	Flo	orida
	City:	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
			□Remove
			Change
			□Add
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Note: 1	If the date i	nserted in this	he date of fili nust be specific a block does not Department of	meet the app	neable statut	ling or more th ory filing requ	(option 90 days after this girements, this	onal) filing.) Pursuant t s date will not b	o 605,0207 (e listed as t
ord is file	ed.		tive date, but n	ot an effective	e time, at 12:	01 a.m. on the	earlier of: (b) The 90th day	after the
Dated _	1 st	Fes		201	<u>3</u> .				
		- 	=	a member or at	thorized repre		nember		_
				IASEEB	Δ.				