LZZ000104019

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COVER LETTER

ΓΟ: Registration Se Division of Co			
EURIFOT: Too	ohy appar	e L L C	
	Name of Lim	ited Liability Company	
ı			
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Wayne	Robinson Name of Person	
		Firm/Company	
	414	Dove ave	
	Rock	18 dge FL 32 City/State and Zip Code hson366@ Vahoo. C to be used for future annual report noti	2955
	E-mail address: (hSON36660 Vahoo. Co be used for future annual report noti	fication)
for further information of	concerning this matter, please co	all:	
Wayne R	Robin Son	at (321) 208 Area Code Daytim	2528 ne 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 Addres		Street Address:	-A:
Registration : Division of C		Registration Se Division of Cor	
P.O. Box 632		The Centre of T	
Tallahassee,		2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

TO:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Troopy	apparel LLC	2022 TÄLL
(Name of the Limited Li (A Fl	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabili Florida document number <u>L22000104019</u>	<u> </u>	H 2:
This amendment is submitted to amend the following	g:	55 55
A. If amending name, enter the new name of the WSCR Logistics The new name must be distinguishable and contain the words	LLC	e abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AL	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or regist agent and/or the new registered office address her		ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
_	Florida	
	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 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>	Name	Address	Type of Action
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			□ Remove
			Change
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