# (I)

# L22000148259

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

Office Use Only



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10/02/24--01023--013 \*\*25.08

## **COVER LETTER**

Registration Section

TO:

| Division  | of Corporations                               |   |  |
|---|---|---|--|
| SUBJECT: UNIC   | QUE TSHIRTS PRINTING & !                      | MORE LLC  |  |
|   |   | of Limited Liability Company  |  |
|   |   |   | <del>-</del>   |
| The enclosed Article  | es of Amendment and fee(s) are                | submitted for filing  |  |
| Please return all cor   | respondence concerning this m                 | atter to the following:   |  |
|   | Aldonette S. Avery                            |   |  |
|   |   | Name of Person  |  |
|   | Ormond Beach Tshirt (                         | Company   |  |
|   |   | Firm/Company  |  |
|   | 1362 N. US-1 Highway                          | , Suite 302   |  |
|   |   | Address   |  |
|   | Ormond Beach, FL 321                          | 74  |  |
|   | sales@ormondtshirts.com                       |   |  |
| for further information   | E-mail address concerning this matter, please | (to be used for future annual report no                             | Otification)   |
| Aldonette S. Avery  | - Product                                     | cail.   |  |
| Name  | of Person                                     | at (  | ne Telephone Number  |
| nclosed is a check for t  | he following amount:                          |   | - valide   |
| \$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<br>Registration Solvision of Co<br>P.O. Box 6327<br>Tallahassee, Fl | ection<br>prorations                          | Street Address: Registration Sec Division of Corp The Centre of Ta  | Oratione   |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| UNIQUE TSHIRTS PRINTING & MORE LLC  |  |                                       |
|---|--|---------------------------------------|
| (Name of the Limited Liability Company<br>(A Florida Limited Lia  | bility Company)                        |                                       |
| he Articles of Organization for this Limited Liability Company w  | ere filed on 03/28/2022                | and assigned                          |
| lorida document number L22000148259   |  |                                       |
| his amendment is submitted to amend the following:  |  |                                       |
| . If amending name, enter the new name of the limited liabilit  | y company here:                        |                                       |
| Ormond Beach Tshirt Company LLC   |  |                                       |
| he new name must be distinguishable and contain the words "Limited Liability  | Company," the designation "LLC" or the | abbreviation "L.L.C."                 |
| nter new principal offices address, if applicable:  |  | . 1                                   |
| Principal office address MUST BE A STREET ADDRESS)  |  | ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; |
| THE GRANT OF THE TRANSPORT OF THE PROPERTY OF | <del>-</del>                           | 2.1                                   |
| •   |  | <del>. 10</del>                       |
|   |  |                                       |
| nter new mailing address, if applicable:  |  | CII                                   |
| Mailing address MAY BE A POST OFFICE BOX)   |  | <del></del>                           |
|   |  |                                       |
| 3. If amending the registered agent and/or registered office adegent and/or the new registered office address here:   | dress on our records, enter the na     |                                       |
| 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 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 |
|-------|-------------|---------|----------------|
|       |             |         | □Add           |
|       |             |         | □Remove        |
|       |             |         | ——— □Change    |
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| -     |             |         | ———□Add        |
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|   |   | of filing: 1SEP   | 2024                          | ling or more than 90 | (optional)                                   |                  |
| ote. If the date his                      | ther than the date<br>sted, the date must be sp<br>serted in this block do<br>e date on the Departn | bes not meet the a  | applicable statuto            | ory filing requires  | nents, this date will                        | not be listed as |
| ocument's effective                       | sertea in this block at   | nent of State's re  | applicable statuto<br>ecords. | ory filing requires  | nents, this date will                        | not be listed as |
| ocument's effective                       | e date on the Departn   | nent of State's re  | applicable statuto<br>ecords. | ory filing requires  | nents, this date will                        | not be listed as |
| record specifies a constitution is filed. | de date on the Departn  | bes not meet the anent of State's results.  but not an effect  2024 | etive time, at 12:0           | ory filing requires  | nents, this date will<br>lier of: (b) The 90 | not be listed as |

Filing Fee: \$25.00