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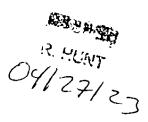
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LONGSIEEVE BlackShirt Masonary LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
D'Dell Hall Jr Name of Person	
Longsleeve Black T-Shirt Musunary LLC.	
1804 E ESKIMO AVE	
Tampa, Fl 33604 City/State and Zip Code Octell 147@ GMCil. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
O'Dell Hall J? Name of Person at (813) 760 - 0620 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
▼ \$25.00 Filing Fee \$30.00 Filing Fee &	
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Longsleeve Blackshii (Name of the Limited	rt Masona	ary LLC			
The Articles of Organization for this Limited Liab Florida document number <u>L2200016897</u>	oility Company we	re filed on	08/2022	and assi	gned
This amendment is submitted to amend the follow	ring:				
A. If amending name, enter the new name of the					
LONGSHEVE BLACK T-S The new name must be distinguishable and contain the work	hirt mo	isonary L	16		
The new name must be distinguishable and contain the word	ds "Limited Liability (Company," the designati	on "LLC" or the at	obreviation "L.I	C."
Enter new principal offices address, if applicab	ole: _		 ·		
Principal office address MUST BE A STREET.	<u>ADDRESS)</u> _				
	_		:•	7623	
Enter new mailing address, if applicable:	_	4	,, **	7.7	<u>;</u>
Mailing address MAY BE A POST OFFICE BO	<u> </u>			2	
	_		SSEE.		<u> </u>
B. If amending the registered agent and/or reg	istered office add here:	ress on our records		e effthe new	registered
Name of New Registered Agent:	O'Dell H	all Jr	· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:	1804 E	ESKIMO F		_	-
	Tam	Enter Florida strei O 🔿	et address , Florida	3340	4
		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
MGR	U'Dell Hall.Jr	1809 E ESKIMO AVE	□Add
			©Remove
			□Change
			🗆 Remove
			□Change
			□ Add
			□Remove
			□Change
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			TRemove
			Change

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ffective date is		ast be speci	itic and cannot b	e prior to date of	filing or more than	(optional) 90 days after filing.) Pr	
	ive date on the I				nory ming requi	ements, this date wil	i noi de fisica
rd specifies a iled.	i delayed effecti	ve date, b	out not an effec	tive time, at 12	2:01 a.m. on the c	arlier of: (b) The 9	0th day after t
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Typed or printed name of signee