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(Requestor's Name)	
(Address)	
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(Address)	
(City/State/Zip/Phone #	<u> </u>
(3.7, 3.4.3.2, 3.7)	,
PICK-UP WAIT	MAIL
(Business Entity Name)
(Document Number)	
Certified Copies Certificates of	f Status
Special Instructions to Filing Officer:	
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SECNETARY OF STATE
TALL AND SEE STATE

COVER LETTER

TO: Registration Sect Division of Corp			
SUBJECT: Rest	less Clothing	LLC ited Liability Company	
	Name of kahi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Sama	ntha Sessa Name of Person	<u> </u>
		Firm/Company	
	6027 Air	Address	
	Spring/11	Eity/State and Zip Code	
	Ssessa331 E-mail address: (a gmail. com	fication)
For further information con	ncerning this matter, please ca	aft:	
Samanth Name of 1	a Sessa Person	at (<u>352</u>) <u>346 - 6</u> Area Code Daytim	e Telephone Number
Enclosed is a check for the	following amount:		
★\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FI 32314

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

Restless	Clothing	11C	2022 HAY 19 PM 3: 26
(Name of the Limite	ed Liability Company as (A Florida Limited Liabili	it now appears ty Company)	ON OUR PESONDE TARY OF STATE TALLAHASSEE, FL
The Articles of Organization for this Limited Li	ability Company were	filed on	1/26/2022 and assigned
Florida document number <u>L 22 000 19</u>	9380		•
This amendment is submitted to amend the following	wing:		
A. If amending name, enter the new name of	the limited liability	company her	<u>e</u> :
Restless Appar	el 110		
The new name must be distinguishable and contain the wa	ords "Limited Liability Co	ompany," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:		
(Principal office address MUST BE A STREET			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE I			
Wanting address MAT BE AT OST OFFICE I	<u></u>		
	-		
B. If amending the registered agent and/or re	egistered office addre	ess on our rec	ords, enter the name of the new registered
agent and/or the new registered office address	s here:		<u></u>
Name of New Registered Agent:			
New Registered Office Address:			
the final contract the first the fir		Enter Florid	a street address
			, Florida
	(lity	Zip Code
B7 T3 1 . T A . 3 411			

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>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
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Effective	date, if other tha	n the date of fili	ng:			(option	al)	
ii an effecti	ve date is listed, the da the date inserted in t	ne must be specific a	md cannot be pri	ior to date of film	g or more than 9	0 days after fil	ing.) Pursuant to	
	's effective date on				,8			
document		Tective date, but no	ot an effective	time, at 12:01	a.m. on the ca	rlier of: (b)	The 90th day a	fter the
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