

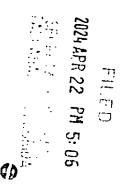
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

		stration Sec sion of Corp				
SHRIFA	~т.	Studz R Us	Attire LLC			
SUBJECT: Name of Limited Liability Company						
The encl	osed	Articles of A	Amendment and fee(s) are sub	mitted for filing.		
			ndence concerning this matter	-		
		JIMEIKA GRANT				
				Name of Person		
	STUDZ R US ATTIRE LLC					
				Firm/Company		
	4927 PURUITAN CIRCLE					
	Address					
				TAMPA, FL. 33617		
				City/State and Zip Code		
			STU E-mail address: (DZRUSATTIRE@GN to be used for future annua	IAIL.COM	
For furth	er int	formation co	oncerning this matter, please c		•	
	J	IMEIKA GI	RANT	at (<u>407</u>)	719-4931	
		Name of		Area Code	Daytime Telepho	ne Number
Enclosed	l is a	check for the	e following amount:			
□ \$25.6	00 Fi	ling Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ing Address		Street A Registr	ddress:	
Registration Section Division of Corporations		Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Studz R Us Attire LLC			
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on our l Liability Company)	records.)
The Articles of Organization for this Limited I Florida document number L22000261127		y were filed on <u>06/07/22</u>	and assigned
his amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited lia	bility company here:	
he new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	4927 PURITAN CIRC	LE TAMPA FL.,33617
Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4927 PURITAN C	IRCLE TAMPA, FL. 33617
 If amending the registered agent and/or gent and/or the new registered office addre 		address on our records, g	enter the name of the new register
Name of New Registered Agent:		JIMEIKA GRANT	200
New Registered Office Address:	4927 PURITAI	N CIRCLE Enter Florida street	address
	TAMPA	ANALY A TOY MAN SAFEEA I	_, Florida ³³⁶¹⁷
		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.

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
AMBR	JIMEIKA C GRANT	4927 PURITAN CIRCLE	□Add
		TAMPA, FL.33617	□Remove
AMBR TEME	TEMEIKA MCFOLLEY	4927 PURITAN CIRCLE	
		TAMPA, FL. 33617	□Remove
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ______ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. 2024 of of a member or authorized representative JIMEIKA GRANT Typed or printed name of signee

Filing Fee: \$25.00