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COVER LETTER

TO: Registration Division of C			
	D TRUMP APPAREL LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Sylvia E Perez		
		Name of Person	
	DOGALD TRUMP APPA	REL LLC	
		Firm/Company	
	6239 Greenview Terrace		
		Address	
	Boca Raton, FL 33433		
	silver.eli.perez@gmail.com	City/State and Zip Code	
	• • •	to be used for future annual report notif	cation)
For further information	concerning this matter, please c	all:	
Sylvia E Perez		562 328-1418	
Name	of Person		Telephone Number
Enclosed is a check for	the 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)
<u>Mailing Addr</u>	<u>'ess:</u>	Street Address:	

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

TO:

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

DOGALD TRUMP APPAREL LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on $\frac{06/09/20}{}$	22 and assigned
Florida document number L22000263729		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
DOGALD TRUMP SHOP LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Fort Ho	
		, Florida Zip Code
	Cùy	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agro- provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my d provided for in Chapt	uties, and I am familiar with and er 605, F.S. Or, if this document is
If Chan	ging Registered Agent, Si	gnature 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
			□Add
			□Remove
			☐ Change
			🗆 Add
			Remove
			□Change
		 	□Add
			□Remove
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ective date, if other than the effective date is listed, the date muster. If the date inserted in this blooment's effective date on the Do	be specific and cannot book does not meet the	applicable statute	ling or more than 90 ory filing requiren	(optional) days after filing.) P tents, this date wi	ursuant to 605.020 Il not be fisted a
cord specifies a delayed effective s filed.	date, but not an effec	etive time, at 12:0)1 a.m. on the earl	ier of: (b) The S	Oth day after the
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