122000 268407

| (R | equestor's Name) | | | |
|---|------------------------|------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (C | ity/State/Zip/Phone #) | | | |
| PICK-UP | WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | Certificates of Statu | us | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

| TO: Registration Se Division of Cor | | | | | |
|---|---|---|---|--|--|
| | CLOTHING BRAND LLC | | | | |
| SUBJECT: | Name of Lim | ited Liability Company | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return all correspo | ondence concerning this matter | to the following: | | | |
| | Philip Weylic | | | | |
| | Name of Person | | | | |
| | Victory Law | | | | |
| Firm/Company | | | | | |
| | 780 94th Ave. N. Ste. 104 | | | | |
| | <u></u> | Address | | | |
| | St. Petersburg, FL 33702 | | | | |
| | | City/State and Zip Code | | | |
| | davidweylie@gmail.com | | | | |
| For further information of | E-mail address: (concerning this matter, please c | to be used for future annual report no all: | uffeation) | | |
| Philip Weylie | | 727 490-8712 at () | | | |
| Name o | of Person | Area Code Daytii | me Telephone Number | | |
| Enclosed is a check for t | he 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) | | |
| Mailing Addres | | Street Address: | action | | |
| Registration Section Division of Corporations | | Registration S Division of Co | | | |
| P.O. Box 6327 | | The Centre of | Tallahassee | | |
| Tallahassee, FL 32314 | | 2415 N. Monr | 2415 N. Monroe Street, Suite 810 | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2022 JUN 17 PM 12: 05

| WEIGHT CLOTHING BRAND LLC | | Si |
|--|--|------------------------------|
| (<u>Name of the Limited Liabilit</u> (A Florida | y Company as it now appears on our records.) Limited Liability Company) | TALL AHASSEE, FL |
| The Articles of Organization for this Limited Liability Co | ompany were filed on June 13, 2022 | and assigned |
| Florida document number 1.22000268407 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limi | ted liability company here: | |
| WEIGHTED CLOTHING BRAND LLC | | |
| The new name must be distinguishable and contain the words "Limitation of the contain the words "Limitation of the contain the words "Limitation". | ited Liability Company," the designation "LLC" o | r the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | <u> </u> |
| (Principal office address MUST BE A STREET ADDR | <u>(ESS)</u> | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | · |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | doffice address on our records, <u>enter th</u> | e name of the new registered |
| | | |
| Name of New Registered Agent: | | |
| N D 1 1000 111 | | |
| New Registered Office Address: | Enter Florida street address | |
| | Flori | ida |
| | 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 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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