L22000329288

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SECRETARY DE STATE

COVER LETTER

TO: Registration Division of Co				
	p Apparel LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	pondence concerning this matter	r to the following:		
	Guitherme Carvalho Torre	es		
		Name of Person		
		Firm/Company		
	1212 Waterford Wood Cir	r, Apt 303	U)	20
		Address	ECF TAI	220
	Orlando, FL 32828			2022 OCT 20 PH 3: 07
		City/State and Zip Code	30.2X	20 PH (
	guilhermecarvalhotorres@g	gmail.com (to be used for future annual report notificatio		- - ;
For further information	concerning this matter, please of	•	735	3: 07
Guilerhme Torres		- 561 632-4584 at ()		
Name	of Person	Area Code Daytime Tele	phone 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 State Certified Copy (additional copy is enc	
<u>Mailing Addr</u> Registration		Street Address: Registration Section		
•	Corporations	Division of Corpora		
P.O. Box 63		The Centre of Tallah	nassee	
Tallahassee,	, FL 32314	2415 N. Monroe Str	eet, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dive Deep Apparel LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our nited Liability Company)	records.)
The Articles of Organization for this Limited Liability Comp	pany were filed on 7/25/22	and assigned
Florida document number L22000329288		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	 	<u> </u>
Principal office address MUST BE A STREET ADDRES.	<u></u>	
		2072 SEC
		CRET ALL
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
	· · · · · · · · · · · · · · · · · · ·	3: C
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records,	enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
	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
MGR	Tyler Bies	3230 South Ridgewood Ave	□Add
		Daytona, FL 32119	■Remove
			□Change
			□Add
			□Remove
			□Change
<u>-</u>			Add SECRE ARY OF STALL AHASSEE, F
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e: If the date inserted in this blocument's effective date on the Dep	ck does not meet th	ne applicable sta					
union seriente and on the per	Artificial of State 3	records.					
cord specifies a delayed effective	date, but not an eff	fective time, at	12:01 a.m. on t	he earlier of: (b)	The 90th	day afte	er the
s filed.							
October 13	202						

Typed or printed name of signee