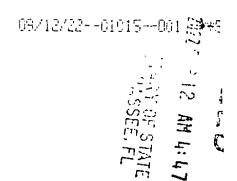
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(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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R. HUNT

FO: Registration Sect Division of Corpo	orations		
SUBJECT:	We Sew	Sh.t LLC	
	Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Kenr	neth E. Davis J	Y
	We S	Sew Sh. + LL	
		Firm/Company	1 至 完開)
	15701	Cashmere Lan	e (LALLE
		Addenses	7
	Tampi	a, PL. 33624	
	xkdxda	City/State and Zip Code V1'S 1010 @ GMU1 to be used for future annual report notific	1.com
Continue in Commention	m-man address, (i	to be used for future affiliate report hourse	ation)
	cerning this matter, please co	•	0.12
	Davis Je.		
Name of I	Person	Area Code Daytime	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)
			*
Mailing Address:		Street Address:	11/

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

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TO ARTICLES OF ORGANIZATION OF

We Sew Sh-T LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 2022 The Articles of Organization for this Limited Liability Company were filed on _____ and as Florida document number 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 "LLC" or the abbreviation "L same Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Same Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new agent and/or the new registered office address here: Same Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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 compl provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docum being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liabilit company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

. <u>Title</u>	Name	<u>Address</u>	Type
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