Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

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From:

22 တ်

Account Name : PARASEC Account Number : I20180000086 Phone : (916)576-7000 Fax Number : (800)603-5868

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

rlops@parasec.com Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN UNDISPUTED CLOTHING COMPANY LLC

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To: 18506176383 From: 19166105073 Date: 09/30/22 Time: 9:02 PM Page: 03/05

ARTICLES OF AMENDMENT , TO ; ARTICLES OF ORGANIZATION OF

Undisputed Clothing Company LLC (Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.)	
(A Florida Limited Lia	ibility Company)	
The Articles of Organization for this Limited Liability Company w	vere filed on 08/10/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
The new name must be distinguishable and contain the words 'Limited Liability	y Company," the designation "LLC" or the a	bbreviation "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 ad	ldress on our records, enter the na	me of the new regis
agent and/or the new registered office address here:	<u> </u>	
Name of New Registered Agent:		
New Registered Office Address:		1022
	Enter Florida street address	·);
	, Florida _	<u> </u>
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr	performance of my duties, and I am	i familiar with ana

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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	Barry Rivera	10754 Hidden Bend Way	
		Wellington, fl 33414	■Remove
			Change
Ambr Barry Rivera Jr	Barry Rivera Jr	10754 Hidden Bend Way	
		Wellington, Fl 33414	Remove
			Change
		□Add	
		□Remove	
			Change
		Remove	
			□Add
			Remove
			Remove
			Change

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. If amending any other info	ormation, enter change(s) here: (Attach additional sheets, if necessary.)
· · · · · · · · · · · · · · · · · · ·	
 	
Note: If the date inserted in the	n the date of filing:
the record specifies a delayed eff and is filed.	fective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	2022
L/ated	All -
	Signature of a member or authorized representative of a member
B	Typed or printed name of signee
	Typed or pudted name of signed