Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

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

	Address:			
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LIMITLESS LEGEND APPAREL LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Limitless Legend apparel LLC		
(Name of the Limited Liability Co	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	any were filed on 01/25/17	and assigned
Florida document number L22000373382_		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
limitless brand LLC		
The new name must be distinguishable and contain the words "Limited I	liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Partial resonation of the standards of applicables		
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off	ice address on our records, enter the nam	e of the new registered
agent and/or the new registered office address here:		- 21
		2022 HO1
Name of New Registered Agent:		<u>。</u>
New Registered Office Address:	Enter Florida street address	<u> </u>
	, Florida	-, '-, ω
	City	zip Coag-

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Change
			□Add
			□Remove
		•—————————————————————————————————————	
			□Add
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Tective date, if other than the data on effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Department.	does not meet the application	o date of filing or more table statutory filing re	(optional) than 90 days after filing.) Pursi quirements, this date will n	iant to 605.0207 tot be listed as
record specifies a delayed effective dais filed.	ate, but not an effective til	ne, at 12:01 a.m. on t	he earlier of: (b) The 90th	n day after the
November 16	2022	<u></u> ·		
	Margam			
- di	mature of a member or author	rized representative of a	i member	

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