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## **COVER LETTER**

		porations		
	-	Equishow LLC		
SUBJE	CT:		ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		Tiffany Toler		
		*****	Name of Person	
			Firm/Company	
		671 Lemon Bluff Rd		
			Address	
		Osteen, FL. 32764		
			City/State and Zip Code	
		tmtiff@ymail.com		
		E-mail address: (	to be used for future annual report notif	fication)
For furt	her information c	oncerning this matter, please ca	all:	
Tiffany	Toler		770 540-3474 at ( )	
	Name o	f Person	Area Code Daytina	e Telephone Number
Enclose	d is a check for th	ne following amount:		
□ \$25	.00 Filing Fee	☐ \$30.00 Filing Fec & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Equistyle Apparel LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on October 13 2022	and assigned
Florida document number L.22000441934		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
EQUISHOW LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	671 LEMON BLUFF RD	·/· Zg
Principal office address MUST BE A STREET ADDRESS)	OSTEEN, FL. 32764	= = =
		8 -
Enter new mailing address, if applicable:	SAME	TOTAL BENT
(Mailing address MAY BE A POST OFFICE BOX)		ညီကု အ
	*** *** *** *** *** *** *** *** *** **	<u> </u>
B. If amending the registered agent and/or registered office :	address on our records, enter the	so name of the new registered
agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			☐ Change
			□Add
			Петоve
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ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be te: If the date inserted in this block does not meet the a tument's effective date on the Department of State's rec	(optional)  prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207  applicable statutory filing requirements, this date will not be listed as cords.
cord specifies a delayed effective date, but not an effect s filed.	tive time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
10d 1/19/2024	
	rankorized representative of a member
A SASIBILITIES ALTERNATION OF	addition reguestrative of a member

Typed or printed name of signee