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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AV ACCOUNTING ASSOCIATES CORP

Account Number : I20220000141 Phone : (954)937-5905 Fax Number : (954)208-0209

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

Email Address:____

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

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T. LEMIEUX

JUN - 7 2023

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COVER LETTER,

TO:		istration Secti ision of Corpo					
SHRIF	d CT-	SPIRIT CLOT	THÍNG COMPANY LLC		•	Î	
Name of Limited Liability Company							
The end	closec	I Articles of An	nendment and fec(s) are sub	mitted for filing.			
Please i	return	all correspond	ence concerning this matter	to the following:			
				Name of Person			
				Firm/Company			
				Address			
				City/State and Zip Code			
		-	E-mail address: (1	o be used for future annual rep	ort notification)	· ·	
For furt	ther in	nformation cond	cerning this matter, please ca	all:			
Name of Person		at ()	Daytime Telepho	one Number			
Enclose	ed is a	check for the f	following amount:				
■ \$25	5.00 l	iling Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	

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

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

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPIRIT CLOTHING COMPANY LL		
(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	oility Company were filed on 01/12/2023	and assigned
Florida document number L23000027069	 .	
This amendment is submitted to amend the follow	ring:	
A. If amending name, <u>enter the new name of t</u>	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicah	le:	
(Principal office address MUST BE A STREET	ADDRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
		<u> </u>
	₩,	
	istered office address on our records, enter the na	ne of the new register
agent and/or the new registered office address	<u>nere</u> :	
		. 6
Name of New Registered Agent:		<u>, </u>
New Registered Office Address:		
	Emer Florida street address	<u> </u>
	. Florida	ξ ω
	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

To:

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	LINA LOPEZ	14017 SW 130 CT	BAdd
		MIAMI, FL 33186	
			□ Change
			□Add
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			□Change
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			□ Add
			Remove
			Change

2023-06-06 19:49:48 GMT

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From: Alfonso Velez

Page: 8 of 8