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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : WILSON TAX & ACCOUNTING INC.

Account Number : I20150000107 : (941)625-1925 Fax Number : (941)625-1526

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

thehandychad@gmail.com Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PENDEJO BROTHERS CLOTHING, LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PENDEJO BROTHE				
(Name of the Limited Liability Compan (A Florida Limited Li	v as it now appear	s on our records.)		
The Articles of Organization for this Limited Liability Company w	annity Company) vere filed on	03/13/2023	and as	signed
Florida document numberL23000116143				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability PENDEJO	BROTH	IERS, LLC	ı	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the d	esignation "LLC" or the	abbreviation "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)				
			14.7	26
B. If amending the registered agent and/or registered office ad	ldress on our re	cords, enter the na	ime of the ne	~ w r <del>e</del> gistere
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:				T.
				رد. اح
Name of New Registered Agent:				- :
	4			PH
New Registered Office Address:	£-11- 52-	da street address	<del></del>	<del></del>
	Enter Plori	us sireel adaress	:	
		, Florida _		12
	Cin <sup>c</sup>		Zin 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

<u>Title</u>	Name	Address	Type of Action
AMBR	LAURA ARIZAHI TREJO	4748 CAYO COSTA PLACE	— □ Add
		BRADENTON, FL 34203	CRemove
			<b>S</b> Change
MGR	GABRIEL GARCIA	4748 CAYO COSTA PLACE	□Add
		BRADENTON, FL 34203	□Remove
			☑ Change
		·	□Add
			Remove
			□ Change
			□Add
			□Remove
······			①Add
			Change
<del></del>			⊡Add
			□Remove
			Change

,	
	<del></del>
Note:	ive date, if other than the date of filing:  [coptional]  [fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207.  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a ment's effective date on the Department of State's records.
he recor ord is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the led.
Dated	MARCH 20 2023 Chad Salvino
	Signature of a member or authorized representative of a member
	CHAD SALVINO