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(Requestor's Name)
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(Business Entity Name)
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TO:	Registration Se Division of Cor			,	• •
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SUBJEC	- L:	Name of Lim	ited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
		indence concerning this matter	_		
		XAVIER BRYANT			
			Name of Person		
		FLX'N APPAREL LLC			
			Firm/Company		2017 2017
		9330 NW 8TH CIR			91735158 68 55 2023 OCT 18
			Address		
		PLANTATION FL 33324			00 PK
		XAVIER@XCYTEFITNS	City/State and Zip Code S.COM		8 PH 12: 40
		-	to be used for future annual report notif	ication)	O #
For furth	ner information o	oncerning this matter, please c	all:		
XAVIE	R BRYANT		954 376-1334		
	Name o	f Person		Telephone Number	
Enclosed	l is a check for th	ne following amount:			
\$25 .	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status Certified Copy tadditional copy is enclosed.	
	Mailing Addres Registration S		Street Address: Registration Sec	tion	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLX'N APPAREL LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{05/09/2023}{}$ and assigned Florida document number L23000229292 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: FLXN APPAREL LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

Cire

_. Florida ___

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
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fective date, if other then effective date is listed, the ote: If the date inserted in secure of the date of the d	i this block does no	ot meet the appl	icable statutor	g or more than y filing requir	(option 90 days after fil ements, this d	al) ing.) Pursuant to 6 ate will not be li	05.020 isted a
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Filing Fee: \$25.00