L23000404804

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COVER LETTER

Div	ision of Corp	orations			
SUBJECT:	Super Soles				
SODULCI.		Name of Limit	ed Liability Company		
The enclosed	d Articles of A	imendment and fee(s) are subm	nitted for filing.		
Please return	all correspon	dence concerning this matter to	o the following:		
		Donavin W Nechtman			
			Name of Person		
		Super Soles LLC			
			Firm/Company		
		800 NE 195TH ST SUITE	120		
			Address	i	
		Miami, Florida 33179			
			City/State and Zip Code		-
		donnechtman@gmail.com			
		E-mail address: (to	o be used for future annual re	port notification)	
For further i	nformation co	oncerning this matter, please ca	ill:		
Donavin W	Nechtman		305 904-	1658	
	Name of	Person	at (at Code	Daytime Telephon	e Number
Enclosed is	a check for the	e following amount:			
□ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	sed)	660.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

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TO: Registration Section

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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

2024 11 57 3:44 Super Soles 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 $\frac{08/29/2023}{1}$ __ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Off-Stitch 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 _, Florida ___ Cirv

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>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
			□Change
			□Remove
			□Change
			□Remove
			□Change
		<u> </u>	□Add
		.	□Remove
			Change
			□Remove
			□ Change

If an effective 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 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. The record 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 ord is filed.					
Effective date, if other than the date of filing:			<u> </u>		<u> </u>
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Effective date, if other than the date of filing:		_			
Effective date, if other than the date of filing:					
Dated July 1 , 2024 .	If an effective date is listed, the date must be Note: If the date inserted in this block	e of filing: specific and cannot be pri does not meet the appl	or to date of filing or micable statutory filin	ore than 90 days after fil-	ing.) Pursuant to 605.0207
		te, but not an effective	time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
	Dated	, 2024	·		
				of a member	<u> </u>
Donavin W Nechtman					

THE TOTAL

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Super Soles 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 C	Company were filed on 08/29/2023	and assigned
Florida document number L23000404804		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
Off-Stitch LLC		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter tl</u>	he name of the new regi
Name of New Registered Agent:		-
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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 Changing Registered Agent, Signature of New Registered Agent

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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Effective date, if other than the	08/28/202	23	(optional)	
(If an effective date is listed, the date must Note: If the date inserted in this bl	st be specific and cannot be pri	or to date of filing or more t	han 90 days after filing.) Pursuar	it to 605.020
document's effective date on the D			quirements, this date will not	oc nated a
ne record specifies a delayed effectiv	e date, but not an effective	time, at 12:01 a.m. on the	he earlier of: (b) The 90th d	ay after th
ord is filed.				
		·		
Dated July I			member	

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