

(shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC.

Account Number : I20230000190

Phone : (844)449-3624 Fax Number : (512)597-0678

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

Email Address:

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SMRTWEAR LLC

Certificate of Status	0
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2024-11-28 10:48:25 UTC÷14 COVER LETTER

18506176383

From: ZenBusiness User

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TO: Registration So Division of Cor			
Smitwear F SUBJECT: *		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Allison Monzon		
		Name of Person	
	ZenBusiness INC		
		Firm/Company	
	336 E. College Ave Suite		
		Address	
	Tallahassee, FL 32301		
	fulfillment@zenhusiness.co	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information of	oncerning this matter, please c	all:	
c/o ZenBusiness INC		844 493-6249 at ()	
Name o	d'Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Fiting Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	»»:	Street Address:	

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

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

18506176383

From: ZenBusiness User

2024-11-28 10:48:25 UTC+14 ARTICLES OF AMENDMENT

TO

ARTICLES OF ORGANIZATION OF

Smitwear LLC		
(<u>Name of the Limited Liability Com</u> (A Flo ri da Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on 2023-11-27	and assigned
lorida document number L23000528142		
his amendment is submitted to amend the following:		
If amending name, cuter the new name of the limited li	ability company here:	
Roop Living LLC		
he new name must be distinguishable and contain the words "Limited Lic	ability 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:		
Muiling address MAY BE A POST OFFICE BOX		
Manang uduress MAT BE AT OUT OFFICE BOM		· · · · · · · · · · · · · · · · · · ·
7. If		29 27 44
B. If amending the registered agent and/or registered offic gent and/or the new registered office address here:	e address on our records, <u>enter the</u>	רבון די
Cent and of the first of the property of the action of the property of the pro		C
		N
Name of New Registered Agent:		<u></u>
New Registered Office Address:		
	Enter Florida street address	N 9
	, Florid	
	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. Thereby confirm that the limited liability company has been notified in writing of this change.

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Page: 4 of 5 2024-11-28 10:48:25 UTC+14 18506176383 From: ZenBusiness User in amending Authorized rerson(s) authorized to manage. enter the tipe, 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
			☐ [TRemove
			□Remove
			LlCbange
			
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			□Add
			□Remove
			Cichono

To:

Filing Fee: \$25.00

Typed or printed name of signee