

To:

Page: 1 of 4

2024-02-13 09:57:23 UTC+14

18506176383

From: ZenBusiness User

2-12-24, 2:55 PM

Division of Corporations

H24000058818 3

**L24000013929**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

((H24000058818 3))



H240000588183ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC.  
Account Number : I20230000190  
Phone : (844)449-3624  
Fax Number : (844)449-3624

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

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
RELIANCE APPAREL L.L.C.

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

FILED  
2024 FEB 12 PM 1:33  
SECRETARY OF STATE  
TALLAHASSEE FL

T. LEMIEUX  
FEB 13 2024

Electronic Filing Menu

Corporate Filing Menu

Help

H24000058818 3

To:

Page: 2 of 4

2024-02-13 09:57:23 UTC+14

18506176383

From: ZenBusiness User

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

H24000058818 3

RELIANCE APPAREL L.L.C.

(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 01/04/2024 and assigned  
Florida document number 124000013929.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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*

*City*

*Florida*

*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

H24000058818 3

To:

Page: 3 of 4

2024-02-13 09:57:23 UTC-14

18506176383

From: ZenBusiness User  
H24000058818.3

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>        | <u>Address</u>         | <u>Type of Action</u>                      |
|--------------|--------------------|------------------------|--------------------------------------------|
| AMBR         | Julianna Scroggins | 268 Carlyle Dr Apt 268 | <input type="checkbox"/> Add               |
|              |                    | Belleville, IL 62221   | <input checked="" type="checkbox"/> Remove |
|              |                    |                        | <input type="checkbox"/> Change            |
| AMBR         | Elizabeth Orf      | 1 Lila Ln              | <input checked="" type="checkbox"/> Add    |
|              |                    | Florissant, MO 63033   | <input type="checkbox"/> Remove            |
|              |                    |                        | <input type="checkbox"/> Change            |
| MGR          | Elizabeth Orf      | 1 Lila Ln              | <input checked="" type="checkbox"/> Add    |
|              |                    | Florissant, MO 63033   | <input type="checkbox"/> Remove            |
|              |                    |                        | <input type="checkbox"/> Change            |
|              |                    |                        | <input type="checkbox"/> Add               |
|              |                    |                        | <input type="checkbox"/> Remove            |
|              |                    |                        | <input type="checkbox"/> Change            |
|              |                    |                        | <input type="checkbox"/> Add               |
|              |                    |                        | <input type="checkbox"/> Remove            |
|              |                    |                        | <input type="checkbox"/> Change            |
|              |                    |                        | <input type="checkbox"/> Add               |
|              |                    |                        | <input type="checkbox"/> Remove            |
|              |                    |                        | <input type="checkbox"/> Change            |

