20/6/24, 10:45 a.m

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

(((H240002142913)))



H240002142913ABCZ

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 : (512)597-0678 Fax Number

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

Email Address:\_

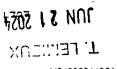
## LLC AMND/RESTATE/CORRECT OR M/MC RESIGN REVIVE SPORTSWEAR LLC

## Certificate of Status 0 Certified Copy () 05

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Help



P.O. Box 6327

Tallahassee, FL 32314

## **COVER LETTER**

TO:	Registration S Division of Co					
CIUD IE	Revive Sp	on wear LLC				
SUBJE	Name of Limited Liability Company					
The encl	losed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please re	eturn all correspo	andence concerning this matter	to the following:			
		Jonathan Taboada				
			Name of Person	<del></del>		
		ZenBusiness INC				
ì	170		Firm/Company			
		336 E. College Ave Suite	301			
			Address			
		Tallahassee, FL 32301				
			City/State and Zip Code			
		fulfillment@zenbusiness.co	om in be used for future annual report no	uthertian)		
For furth	her information :	concerning this matter, please c		17		
	Business INC	<b>.</b>	844 493-6249			
	<u></u>	of Person	at ( )	me Telephone Number		
	ixine t	n reison	West Code 19ayti	the research runner		
Enclosed	d is a check for t	he following amount:				
<b>≡</b> \$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 (additional copy is enclosed)		
	MailingAddre: Registration		Street Address: Registration S			
	Division of C		Division of Co			

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303

( ) Pith

4100

To:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Revive Sportswear LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) hability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000023359</u> .	were filed on <u>06/20/2024</u>	andassigned
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited ligh	ility company here:	
The new name must be distinguishable and contain the words "Limited Linbi	lity Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	261 N University Dr	
(Principal office address MUST BE A STREET ADDRESS)	Plantation, FL 33324	<b>2</b> i
	Broward CountyUS	
Enter new mailing address, if applicable:	261 N University Dr	
(Mailing address MAY BE A POST OFFICE BOX)	Plantation, FL 33324	0 1
pointing data est sont DE 11 to 12 to 15 to 15	Broward CountyUS	19 A C
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:		ame of the fiew registered
Emer Florida street address		
<del></del>	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	· · · · ·	74.
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I further performance of my duties, and I a provided for in Chapter 605, F.S. (	m familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

Page: 4 of 5

2024-06-21 05:53:31 UTC+14

18506176383

From: ZenBusiness User

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

To:

<u>Title</u>	Name	Address	Type of Action
AMBR	Rami Nassralla	261 N University Dr	DAdd
		Plantation, FL 33324	□Remove
		US	(Thange
			□Add
			□Remove
			☐Change
			□Remove
			☐ Change
			□Add
	ı		☐ Remove
			☐ Change
		,	□Add
			ПRеточе
			□Change
<del>,</del>	1-4		□Add
			□Remove
			□ Change

Effective date, if other than the date of filing:  [If an effective date is fixed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.7 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed 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 19th day after rd is filed  Dated 66/20 2024  Signature of a member or authorized representative of a member.		
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.  The objective date of the Objective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The Objective date is filed  Dated		
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.  The obth day after it is filed  Only 0		
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/s/Rami Nassralla		ctive date, but not an effective time, at 12:01 a.m. on the earlier of; (b). The 90th day after the
	06/20 Dated	2024
Signature of a member or authorized representative of a member	/s/Rami Nassralla	
Continue of a present of the continue of the c		Signature of a member or authorized representative of a member
		Typed or printed name of signee