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(Requestor's Name)	_
(Address)	—
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	

Office Use Only



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2025 MAR 12 PM 1: 19
SEPARASSEE, FLORIDA

Haley Falany

Moorling Designs LLC 1763 Main St, 139-Q Dunedin, Florida 34698 727-336-2329 marleysapparel.fl@gmail.com 3/3/2025

Florida Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Subject: Cover Letter for Articles of Amendment – LLC Name Change

Dear Sir or Madam,

Enclosed, please find the Articles of Amendment to the Articles of Organization for **Moorling**Designs LLC, along with the required filing fee. I am submitting this amendment to officially change the name of my LLC to Marley's Apparel LLC.

Included in this mailing are:

- 1. Completed Articles of Amendment form
- 2. Money order in the amount of \$25, payable to the Florida Department of State

Please process this request at your earliest convenience. If there are any issues or if additional information is required, please feel free to contact me at 727-336-2329 or marleyapparel.fl@gmail.com.

Thank you for your time and assistance.

Sincerely,

Haley Falany, CEO

COVER LETTER

	egistration Se ivision of Cor				
cun ilicer					
SUBJECT	-	Name of Lim	ited Liability Company		
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retu	rn all correspo	ondence concerning this matter	to the following:		
		Haley Falany			
		Rame of Limited Liability Company es of Amendment and fee(s) are submitted for filing. respondence concerning this matter to the following: Haley Falany Name of Person Firm/Company 1763 Main St. 139-Q Address Dunedin, Florida 34698 City/State and Zip Code marleysapparel.fl@gmail.com E-mail address: (to be used for future annual report notification) ion concerning this matter, please call: at (727) 336-2329 at (727) Daytime Telephone Number for the following amount:			
			Firm/Company		
		1763 Main St. 139-Q			
		•	Address		
		Dunedin, Florida 34698			
			·		
				fication)	
For further	information c	concerning this matter, please ca	all:		
Haley Fala	iny			727 336-2329	
	Name o	of Person	Area Code Daytim	e Telephone Number	
Enclosed is	s a check for the	he following amount:			
■ \$25.00) Filing Fee		Certified Copy	Certificate of Status & Certified Copy	

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Moorling Designs LLC

2025 MAR 12 PM 1: 19

Working Designs 1200			- 11 11 19	
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now app ida Limited Liability Compan	<u>scars on our rec</u> (y)	TALLAHASSEE, FLORIDA	
		1/4/2014	TALLAHASSEE, FLORIDA	
The Articles of Organization for this Limited Liability	Company were filed on	3/4/2024	and assigned	
Florida document number 1.24000111042	,			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	mited liability company	here:		
Marley's Apparet LLC				
The new name must be distinguishable and contain the words "Li	imited Liability Company." th	ne designation "L	LC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADL	ORESS)		- 11	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
the state of the s				
				
B. If amending the registered agent and/or register		r records, <u>ent</u>	er the name of the new register	
agent and/or the new registered office address here	;			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
	Cïţy		Zip Code	
New Registered Agent's Signature, if changing Register	red Agent:			
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and				
accept the obligations of my position as registered				
being filed to merely reflect a change in the registe		reby confirm	that the limited liability	
company has been notified in writing of this change	e.			

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>	Name	Address	Type of Action
			□ Add
			□Remove
		····	□Change
			□Add
			□Remove
			□ Change
		***	□Add
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fan effective <u>Note:</u> If the	date is listed, the date inserted in	nan the date of date must be speci n this block does on the Ocpartmen	ific and cannot be s not meet the a	prior to date of pplicable stati		han 90 days afte			
record spec d is filed.	cifies a delayed	effective date, b	ut not an effect	ive time, at 1.	2:01 a.m. on t	he earlier of: (b) The 90th	day after	the
Dated	h 3			·					
			Hales	Tel	7				
_	· · · · · · · · · · · · · · · · · · ·	Signatur	e of a member or	authorized rep	resentative of a	member			

Filing Fee: \$25.00