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COVER LETTER

Division of Cor			
Marley's Ap	pparel LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
	ndence concerning this matter		
	Haley Falany		
		Name of Person	
	Marley's Apparel LLC		
		Firm-Company	
	1763 Main St. #139-Q		
		Address	
	Dunedin, FL 34698		
		City/State and Zip Code	
	marleysapparel.fl@gmail.co	om to be used for future annual report notif	Tourion)
For further information c	oncerning this matter, please c		Cattony
Haley Falany		777 334_3370	
Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$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)
Mailing Addres		Street Address:	
Registration S	Section	Registration Sec	

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

Marley's Apparel LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our recorted Liability Company)	<u>(ds.)</u>
The Articles of Organization for this Limited Liability Comp.	any were filed on 3/4/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	ù <u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2025 JUH - 5 PM
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>ente</u>	r the name of the maw registers
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ess
	r.	lorida
	City	lorida

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
MGR	Haley Falany	1763 Main St, #139-Q	
		Dunedin, FL 34698	□ Remove
AMBR	Marque Squires	1763 Main St, #139-Q	
		Dunedin, FL 34698	□Remove
			■ Change
			□Remove
			⊏Add
			□Remove
			□ Change
			□Remove
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		3/4/2024			(a: 1)	
Affective date, if other than the fan effective date is listed, the date must Sote: If the date inserted in this blocument's effective date on the De	be specific and cock does not me	annot be prior teet the applica	o date of filing or ble statutory fil	more than 90 day	(optional) is after filing.) Pursi ts. this date will r	nant to 605,0207 not be listed as
record specifies a delayed effective d is filed.	date, but not a	n effective tin	ne, at 12:01 a.m	, on the earlier	of: (b) The 90th	n day after the
May 27			_· ·			
	Н	lalou F	Falany			
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Filing Fee: \$25.00