L24 000 211 826

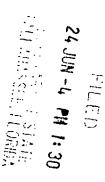
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Sounded Link, Name,
(Document Number)
Certified Copies Certificates of Status
0
Special Instructions to Filing Officer:
<u></u>





700430589437

08/04/24--01025--010 **25.00



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Liability Company Florida Limited Lia	y as it now appears on ou ability Company)	r records.)	
The Articles of Organization for this Limited Liab Florida document number <u>La400021182</u>		vere filed on <u>5-6-</u>	24	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liabili	ity company here:		
The new name must be distinguishable and contain the wor	ds "Limited Liabilit	y Company," the designati	on "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:			
(Principal office address MUST BE A STREET	ADDRESS)		- - -	24
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u>OX)</u>			30
B. If amending the registered agent and/or regagent and/or the new registered office address		ldress on our records	, enter the nar	ne of the new register
Name of New Registered Agent:	Rodney	Henningwn Rockledge Vie Enter Morida stre	y	
New Registered Office Address:	11027	Rockledge Vie Enter Morida stre	et address	
	Rivevieu	<u>City</u>	Florida	33579 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

COVER LETTER

TO:

Registration Section

porations		
AGAPE WEAR	ited Liability Company	
	·	
idence concerning this matter	to the following:	
Rodney	Hemmingway Name of Person	
	Firm/Company	
11027 ROCK	ledge View Dr. Address	
Riverview,	FL 33579 City/State and Zip Code	
Rock, 2367 at yal E-mail address:	hoo.Com to be used for future annual report not	ification)
oncerning this matter, please c	alt:	
mingway Person	at (<u>813</u>) <u>300</u> - Area Code Daytin	ne Telephone Number
e following amount:		
□ \$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)
ection orporations	<u>Street Address:</u> Registration Se Division of Co	rporations
7 L 32314	The Centre of 2415 N. Monro	Fallahassee be Street, Suite 810
	Riverview, Rock, 2361 of your substitute of Status Rock oncerning this matter, please of the substitute of Status Riverview of the substitute of Status	AGAPE WEAR LLC Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Rodney Hemmingway Name of Person Firm/Company Address Riverview, FL 33579 City/State and Zip Code Rock, 2367 of Yahoo. Com E-mail address: (to be used for future annual report not oncerning this matter, please call: Mingway at (813), 300- Area Code Daytin S55,00 Filing Fee & Certificate of Status Certificate Copy (additional copy is enclosed) Street Address: Registration Second Proporations Original Control of Control o

Tallahassee, FL 32303

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
		···································	🗆 🖊 🗆 Add
			□Remove
		·	□Change
			☐Add
			□Remove
			Change
			□Add
		N/A	□Remove
		/	□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□ Add
			□Remove
			_ □Change

اء ۴	YN,
•	
•	
-	
-	— ————————————————————————————————————
	\sim
-	
-	
-	
•	L .
Note:	ive date, if other than the date of filing:
the recordis fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	
	Kichynen
	Signature of a member or authorized representative of a member