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TALLAHASSEF STATE

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: WOKArt Clothin	0 110
SUBJECT: Wokker Clothin	nited Liability Company
The enclosed Articles of Amendment and fee(s) are sul	omitted for filing.
Please return all correspondence concerning this matter	to the following:
Beardon	n Lampinen
	n Lampinen Name of Person
<u> </u>	rt Clothing LUC Firm/Company
	Firm/Company
1008 1	1 (Potca) St
	V Central St Address
i i	.
<u>Lantana</u> ,	Florida 33462 City/State and Zip Code
•	
E-mail address:	(to be used for future annual report notification)
For further information concerning this matter, please	zan.
Brandon Lampinen	at (561) 660 - 2435
Name of Person	at (561) 660 - 2435 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
/	
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy Certificate of Status &
	(additional copy is enclosed) Certified Copy (additional copy is enclosed)
	(additional copy is citetised)
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tailahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

Ell Ch

WokArt Clothin	y LIC	
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our records.) Limited Liability Company) ZUZ4 SEP -3 AM 8: 26	
The Articles of Organization for this Limited Liability C	ompany were filed on 7/24/24/12 TALLAHASSEE. FL	ed
Florida document number L24000295387	TALLAHASSEE, FL	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted 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 ADDR	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new re	gister
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City Zip Code	

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

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
<u>P</u>	Brandon Lampinen	1008 W Central St, Lantonn,	<u>FL</u> □Add
		33462	ZRemove
			□Change
MGR	Brandon Lampinen	1008 W Central St, Lantona,	FL Nodd
		33462	□ Remove
			□Change
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