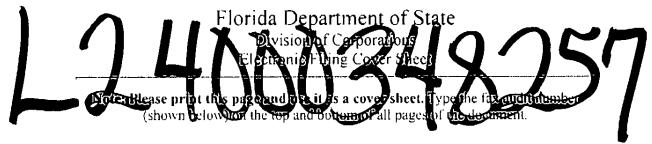
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Division of Corporations



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To:

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Fax Number : (850)617-6383

From:

Account Name : US CONTADOR INC Account Number : I20200000121 Phone : (770)928-2700 Fax Number : (888)772-8108

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

Email	Address:			

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M. SOLOMON

SEP 2 5 2024

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H24000325393 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WHOLE TEXTILES LLC

(Name of the Limited Liabilit (A Florida	y Company as it now appears on our r Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Co Florida document number 1.24000348257	ompany were filed on	and assigned
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 "LEC."
Enter new principal offices address, if applicable:		3S P
(Principal office address MUST BE A STREET ADDR	ESS)	N mean
		>
		SEE OF THE
Enter new mailing address, if applicable:	·	
(Mailing address MAY BE A POST OFFICE BOX)		, <u>F</u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	office address on our records, e	nter the name of the new registered
New Registered Office Address:	Enter Florida street o	address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	implete performance of my dutie ent as provided for in Chapter (s, and I am familiar with and 505, F.S. Or. if this document is
	If Changing Registered Agent, Signal	ture of New Registered Agent

H24000325393 3

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
MGR	LUIS TABATA, SAMANTHA M	6612 MISSION CLUB BLVD #	12-202
		ORLANDO, FL 32	
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Page: 5 of 5

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ASSEE, S.	
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Signature of a member or authorized representative of a member	
SAMANTHA M LUIS TABATA	