

To:

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2024-11-12 11:49:07 UTC-14

18506176283

From: ZenBusiness User

L24000436212

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC.
Account Number : I20230000190
Phone : (844)449-3624
Fax Number : (512)597-0678

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DIVISION OF CORPORATIONS
FALLS CHURCH, VA

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FROM THE BOTTOM OUTFITS LLC

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18506176383

From: ZenBusiness User
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

From The Bottom Outfits LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/11/2024 and assigned
Florida document number L24000436212.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2022 SW 122nd st. Bldg 9

(Principal office address MUST BE A STREET ADDRESS)

Gainesville, FL 32607

Enter new mailing address, if applicable:

2022 SW 122nd st. Bldg 9

(Mailing address MAY BE A POST OFFICE BOX)

Gainesville, FL 32607

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

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

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MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Joshua Stevens	2022 SW 122nd st. Bldg 9	<input type="checkbox"/> Add
		Gainesville, FL 32607	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Laura Buck	2625 Southwest 75th Street	<input type="checkbox"/> Add
		Gainesville, FL 32608	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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