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COVER LETTER

KLEMENT SUBJECT:	TS CLOTHING LLC		
Source:	Name of Lim	ited Liability Company	 :
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	HECTOR RIVERA		
		Name of Person	
	KLEMENTS CLOTHING	LLC	
		Firm/Company	
	7376 WEST 20TH AVE		
		Address	
	STE 148		
		City/State and Zip Code	
	HIALEAH FL 33016		
	E-mail address: (to be used for future annual report notifi	cation)
For further information of	concerning this matter, please c	all:	
HECTOR RIVERA		ar 786, 862-1	1584
Name o	f Person	u. (Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	■ \$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)

TO:

Registration Section **Division of Corporations**

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

Street Address: 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

KLEMENTS CLOTHING LLC

(Name of the Limited Liability Company as it now a (A Florida Limited Liability Compa	ppears on our records.) any)
The Articles of Organization for this Limited Liability Company were filed of Florida document number <u>L24000478896</u> .	n 11/12/2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compan	ny here:
KLEMENS CLOTHING LLC	
The new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PH DEC 16 PM
B. If amending the registered agent and/or registered office address on o agent and/or the new registered office address here:	The D
ngene and the new registered office address nere.	
Name of New Registered Agent:	
New Registered Office Address:	
Enter	r Florida street address

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.

Citv

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manag	e, enter the title	<u>, name, and</u>	addr <u>ess of each</u> j	erson	being added
or removed from our records:					

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Remove
		-	□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change

. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe Note:	ve date, if other than the date of filing:
he record ord is file	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 ed.
Dated _	December 4, 2024
	~ 15-7711) (
	Signature of a member or authorized representative of a member

ET CALAC