

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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OCT 2 6 2016 S. YOUNG 16 OCT 25 PM 4: 49

SÉDRETARY OF STÂTE TALLAHASSEE, FLORIDA

COVER LETTER

Division of Corporations The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call:

Enclosed is a check for the following amount:

TO:

Registration Section

□ \$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)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 2/21/2015 and assigned Florida document number L15000316382.

This amendment is submitted to amend the following:

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

She Finds Her Super Power LLC

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

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)

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

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida

Zin Code

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			☐ Change
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			Remove
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f amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	
	
	987 (A)
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	F.
	
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Effective date, if other than the date of filing:	nt to 605.0207 (3 t be listed as th
he record specifies a delayed effective date, but not an effective time, at $12:01~a.m.$ on the The 90th day after the record is filed.	e earlier of:
Dated Dotober 19, 2016	
Signature of a member or authorized representative of a member	
Sequence of a memory of authorized representative of a memory	

Page 3 of 3

Filing Fee: \$25.00