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COVER LETTER

TO:	Registration Se Division of Cor		4	
SUBJE	Aspects Lir	mited, LLC		
SOBJE	ci:	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Lauren Johnson		
			Name of Person	
		Aspects Limited, LLC		
			Firm/Company	
		1436 Peachtield Drive		
			Address	
		Valrico, Florida 33596		
		ericbkendrick@yahoo.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	leation)
For furth	ner information co	oncerning this matter, please co	ali:	
Eric Ke			352 514-4299 at () Area Code Daytime	
	Name of	f Person	Area Code Daytime	: Telephone Number
Enclosed	d is a check for th	ne 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)

MAILING ADDRESS:

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

Aspects Limited, 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 $\frac{08/06/2019}{}$ and assigned Florida document number 1.19000199635 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 "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 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

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

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
MGR	Dylan Getz	1436 Peachfield Drive Valrico, FI 33596	Add
			□ Remove
			Change
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effective date is listed, the date must be: If the date inserted in this bloc	e specific and cannot be prior		an 90 days after filing.) Pursuant to (
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September 16	2019	·		
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