L21 000084084

| (Re | questor's Name) | |
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| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | MAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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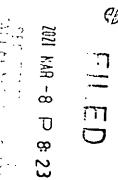
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COVER LETTER

| TO: Registration Division of C | | | |
|--|--|---|--|
| Linfacete SUBJECT: | d, LLC | | |
| | Name of Li | mited Liability Company | |
| The enclosed Articles of | of Amendment and fee(s) are su | bmitted for filing. | |
| Please return all corres | pondence concerning this matte | r to the following: | |
| | Lindsey Montazeme | | |
| | | Name of Person | |
| | | Firm/Company | |
| | 200 Jacaranda Drive, B6 | | |
| | | Address | |
| | Plantation, FL 33324 | | |
| | lindscymontazeme@gmail. | City/State and Zip Code | |
| | E-mail address: | to be used for future annual report notif | fication) |
| For further information | concerning this matter, please of | all: | |
| Lindsey Montazeme | | 9543835447 at () | |
| Name | of Person | Area Code Daytime | : Telephone Number |
| Enclosed is a check for t | the following amount: | | |
| ■ \$25,00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee. E Certificate of Status & Certified Copy & (additional copy is enclased) |
| Mailing Address Registration Division of C P.O. Box 632 Tallahassee, | Section Corporations 27 | Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe | tion porations allahassee Street, Suite 810 |
| | | Tallahassee, FL | 32303 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Linfaceted, LLC

| (Name of the Limited Liability Con (A Florida Limi | npany as it now appears on our re- ted Liability Company) | cords.) |
|---|--|---|
| The Articles of Organization for this Limited Liability Comparing document number <u>L21000084084</u> | any were filed on 02/19/2021 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited l | iability company here: | |
| The new name must be distinguishable and contain the words "Limited L | iability Company," the designation "I | LLC" 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: | 7 3 4 | (1) 1:00 2:00 2:00 2:00 2:00 2:00 2:00 2:00 |
| Mailing address MAY BE A POST OFFICE BOX) | | = T |
| | | |
| 3. If amending the registered agent and/or registered offic | | D T |
| gent and/or the new registered office address here: | e auuress on our records, <u>em</u> | ter the name of the new register |
| Name of New Registered Agent: | | - ω |
| New Registered Office Address: | | |
| | Enter Florida street ada | Iress |
| | , | FloridaZiv 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 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 | LINDSEY MONTAZEME | 200 JACARANDA DRIVE | |
| | | B6 | □Remove |
| | | PLANTATION, FL 33324 | ■Change |
| P | LINDSEY MONTAZEME | 200 JACARANDA DRIVE | ■ Add |
| | | B6 | □Remove |
| | | PLANTATION, FL 33324 | Change |
| | | | □Add ② |
| | | | Change |
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Filing Fee: \$25.00