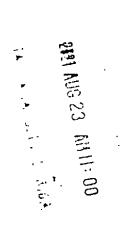
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COVER LETTER

Div	ision of Corp	porations		
SUBJECT:	509 Prentice	: LLC		
Solvii.e1.		Name of Lim	ited Liability Company	
The enclosed	Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Nicolette Adrian		
			Name of Person	
			Firm/Company	
		2691 Albatross Road N #2	05	
			Address	
		Delray Beach, FL 33444		
			City/State and Zip Code	
		mjadirect@gmail.com		
		E-mail address: ()	to be used for future annual report notif	ication)
For further in	vformation co	oncerning this matter, please co	all:	
Nicolette Ad	lrian		561 699-8821 at ()	
	Name of	Person	Area Code Daytime	: Telephone Number
Enclosed is a	check for th	e following amount:		
\$25.00 F	iling 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

TO:

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

(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 $\frac{08/16/2021}{1}$ and assigned Florida document number L21000366445 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: (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

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

509 Prentice LLC

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	Nicolette Adrian	2691 Albatross Road N #205	Add
		Delray Beach, FL 33444	■ Remove
			□ Change
MGR	Alexis Adrian	2691 Albatross Road N #205	Add
		Delray Beach, FL 33444	□ Remove
			☐ Change
			□_Remove
			□ Change
			<u>©</u> -Add
			☐ Add ☐ Remove
			Change
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cument's effective date on the Depar	tment of State's re	ecords.			
record specifies a delayed ef The 90th day after the record	fective date, b is filed.	ut not an effec	tive time, at 12:0)1 a.m. on th	ne earlier
ited August 17	. 2021	·			
Nicolette	adam.	or authorized represe	ntative of a member		
Sig.	iatare or a member (or addition red represe	marre or a memor		

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Page 3 of 3

Filing Fee: \$25.00