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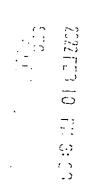
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COVER LETTER

TO: Registration Section

Division of Co	rporations			•
PICK YO	UR THING L.IC	•	•	
SUBJECT:	Name of Lim	nted Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	ICTIANDRO MONTERO	SANCHO		
		Name of Person		
	PICK YOUR THING LLC			
		Firm/Company		
	3313 SE 4TH AVE			
		Address		
	CAPE CORAL, FL. 33904			
		City/State and Zip Code		
	andro22780@gmail.com	to be used for future annual report notif	ication)	, .,
For further information	concerning this matter, please e			7
ICTIANDRO MONTE	RO SANCHO	786 356-1341 a1()		
Name	of Person	Area Code Daytime	e Telephone Number	,
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Mailing Addre Registration Division of 0 P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Callahassee c Street, Suite 81)	0

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PICK YOUR THING L.L.C (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 $\underline{01/28/2022}$ and assigned Florida document number 1.22000044804 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: TAKE YOUR PICKS L.L.C The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.1, 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:

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>	Name	Address	Type of Action
			□Add
			□Remove
		 .	□Change
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