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COVER LETTER

	gistration Se rision of Cor			
, SUBJECT:		RSIH, LLC		, ,
, SOBJECT.	<u> </u>	Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Emily P Harris		
			Name of Person	
		WEATHERSIH, LLC		
			Firm/Company	
		5677 Mary Garzon Way		
			Address	
		Milton, FL 32583-911		
		eph0803@gmail.com	City/State and Zip Code	
			to be used for future annual repor	rt notification)
For further i	nformation c	oncerning this matter, please ca	all:	
Emily P Ha	rris		850 673-22	81
	Name o	f Person		aytime Telephone Number
Enclosed is a	a check for th	he following amount:		
\$ \$25.00		S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Alo	iling Addres	·e·	Street Addre	xc.
Re	gistration S	Section	Registration	
		Corporations		Corporations
P.(D. Box 632	27	The Centre	of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WEATHERSIH, LLC		
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) bility Company)	•
The Articles of Organization for this Limited Liability Company w	ere filed on April 13, 2020 and a	assigned
lorida document number April 17, 2020		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabili	ty company here:	
VEATHERISH, LLC		
he new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation	L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		5
The par office dudies MOST BE A STREET ADDRESS	>> : : : : : : : : : : : : : : : : : :	
	(%: N)	
		•
nter new mailing address, if applicable:	- 111.	
Mailing address MAY BE A POST OFFICE BOX)	4	
	1	
. If amending the registered agent and/or registered office ad	dress on our records, enter the name of the n	ew regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
N 0 1 10 2 10 10 10 10 10 10 10 10 10 10 10 10 10		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	Zip Coo	le

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
			□Add
			□Remove
			□Change
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date, if other than the date of filing:	(optional)
we date is listed, the date must be specific and cannot be prior to date of filing or more the date inserted in this block does not meet the applicable statutory filing	re than 90 days after filing.) Pursuant to 605.020
's effective date on the Department of State's records.	requirements, this date win not be used a
pecifies a delayed effective date, but not an effective time, at 12:01 a.m. or	n the earlier of: (b) The 90th day after the
April 22 Civily P. Harris Figure of a member or authorized representative of Typed or printed name of signee	
Cala Dilla	
ymwy 1. Trans	of a member
Signature of a midmher or authorized representative of	

Filing Fee: \$25.00