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COVER LETTER

TO:

TO:	Registration Se Division of Cor		•	
Crip in		NANA'S QU	JILT SHOP, LLC	
SUBJE	.CI:	Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Mary Russell		
			Name of Person	
		Nana's Quilt Shop, LLC		
			Firm/Company	-
		18851 Cortez Blvd.		
			Address	
		Brooksville, FL 34601		
		nanasquiltshopllc@gmail.co	City/State and Zip Code	2022 HOV 2 SECRE IVA TALLAH
		E-mail address: (to be used for future annual report notification)	OV 2
For furt	her information c	oncerning this matter, please ca	all:	
Магу Р	ussell		352 796-0011 at (PH 2:
	Name o	f Person	Area Code Daytime Telephone Nu	ımber ====================================
Enclose	ed is a check for th	ne following amount:		
■ \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	00 Filing Fee, tificate of Status & tified Copy titional copy is enclosed)
	Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section Torporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Sui Tallahassee, FL 32303	ite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	NANA'S QUILT SHOP, LLC		
(Name of the Lim	ited Liability Company as it now appea (A Florida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited l	Liability Company were filed on _	12/12/2007	and assigned
Florida document numberL07000123246	·		
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liability company h	ere:	
he new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if appli	icable:		
Principal office address MUST BE A STRE	ET ADDRESS))72 EC
			2
Enter new mailing address, if applicable:			
			100 100 000
(Mailing address MAY BE A POST OFFICE BOX)			- 2
			171 -
3. If amending the registered agent and/or gent and/or the new registered office addr	•	records, <u>enter the nan</u>	ne of the new regi
Name of New Registered Agent:	Mary Russell		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	18851 Cortez Blvd.		
	Enter Flo	orida street address	
	Brooksville	, Florida ³⁴	601
	City		Zip 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 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 ac or removed from our records:

MGR = Manager

AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Dewain Poole	6197 Ivy Hill, Brooksville, FL 34602	⊟ Add
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			□Change
			□Remove
			SECRETAR
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			☐ ☐ Change
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n effectiv <u>te:</u> If t	date, if other than the date we date is listed, the date must be the date inserted in this blocks of effective date on the Department.	specific and cannot be prior to date of fill does not meet the applicable statuto	(optional) ing or more than 90 days after filing.) Pur ry filing requirements, this date will	suant to 605.020 not be listed a
ecord sp is filed.		ate, but not an effective time, at 12:0	1 a.m. on the earlier of: (b) The 90	th day after the
ted	November 18	, 2022		
		Man. 1 P.100-	$) \cap$	
		mature of a mepiber or authorized repres		