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(Pa	equestor's Name)	······		
(Ne	questors Name)	·		
	ldress)			
(Au	idiess)			
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(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificates	of Status		
Cial backs of A-	Filing Officer			
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EXAMINER

SECRETARY OF STATE

COVER LETTER

то:	Registration, S Division of Co.		.4		·
SUBJE	ст: <i>6и</i>	Name of Lim	of Home Inventa	rya org	ranizing LLC
The end	closed Articles of	Amendment and fee(s) are su	bmitted for filing.		
Please r	eturn all correspo	ondence concerning this matter	r to the following:		
	·		1 chatdield		
			Name of Person		
		buarded Trea	CUTE Home Inventor Firm/Company Address	Ma organ	inizing LLC
		<u>441</u> Ca	ndre Avenue		Changingto
		Sebastian	1, FL J2958 City/State and 7.ip Code uarded treasures.	<i>></i>	Treasures LL to Shorten nam
		Kim@ a	uarded treasures.	biz	TO Shorrer han
		E-mail address: (to be used for future annual report notifica	ition)	
For furt	.· her information o	concerning this matter, please of	eall:		
	Kim Ci	hat field	at (7/2) JJ2 8		
	Name o	of Person	Area Code & Daytime T	Telephone Number	
		he following amount:			
\$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy	\$60.00 Filin	ng Fee, e of Status &
	• ,		(additional copy is enclosed)	Certified (additions	Copy is enelosed)
	Registi Divisio P.O. B	ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIEI Registration Section Division of Corporati Clifton Building 2661 Executive Center Tallahassee, FL 3230	ions er Circle	Y IO AMILE 24 ASSEE, FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Guarded Treasures Home (Name of the Limited Liability Con (A Florida Liabilit	C INVENTORY O C	organizing LLC	
The Articles of Organization for this Limited Liability Comp	any were filed on	10 and assigned	
Florida document number	,	•	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
Guarded Treasures L	<i>4</i> C		
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Company," the	designation "LLC" or the abbreviatio	
Enter new principal offices address, if applicable:		7 s 2	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
		THE THE	
•		55R 6	
T			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		0 FA	
		DE Z	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ords, enter the name of the nev	
Name of New Registered Agent:			
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	·	
	Enter Florida street address		
	, Florida		
	City	Zip Code	
Non-Designation of Association (Control of Control of C			

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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> **Address Type of Action** ☐ Add Remove ☐ Add Remove ☐ Add Remove Add Remove ∏Add Remove ∏Add D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Remove Signature of a member or authorized representative of a member Typed or printed name of signes.

Page 2 of 2

Filing Fee: \$25.00