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COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
Closet Env	ee LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kimberly A. Lovy	r 4	
		Name of Person	
	Closet Enve	e LLC	· · · · · · · · · · · · · · · · · · ·
	Closet Knue	Firm/Company	
		olia Ave Address	
		Address	
	Water	. K E 3170	a : 28
	VOILUE 1 1º 1	City/State and Zip Code	19
	Closetenn	City/State and Zip Code City/State and Zip Code or Community to be used for future annual report noti	19 S S
	li-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	· . · ·
Kimha	. A longe	m 407 383-	15)7
Name o	r Person	at (<u>407</u>) <u>383</u> Area Code Daytim	e Telephone Number
Enclosed is a check for the	-		
\$25,00 Filing 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 Addres		Street Address:	
Registration !		Registration Se	
Division of C P.O. Box 632		Division of Cor The Centre of T	•

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CLOSE! ENVEE	
(<u>Name of the Limited Liability Con</u> (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Compa	any were filed on $\frac{2}{4}$
This amendment is submitted to amend the following:	Service
A. If amending name, enter the new name of the limited li	iability company here:
The new name must be distinguishable and contain the words "Lamited Li	iability 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)	149 Fleet Financial Ct Longwood, FL 32750
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, enter the name of the new registered
Name of New Registered Agent: Km New Registered Office Address: 740	nberly A. Lovre 7 Fleet Financial Ct Enter Florida street address
Lu	ngwood Florida 32750 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.

f 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	Turner, Richard	1566 Crossbeam Dr	🗆 Add
		1566 Crossbeam Dr Casselberry, Fl 32707	Remove
,			□Change
	\		🗆 Add
			□Remove
			Change
			🗆 Add
			☐Remove ☐Change
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