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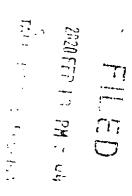
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COVER LETTER

SUBJECT:	Name of Lin	aited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Anne Marie Dietz		
	·	Name of Person	.
	Dietz Capital LLC		
		Firm/Company	
	200 S OCEAN BLVD		
	.	Address	
	DELRAY BEACH, FL 33	483	
		City/State and Zip Code	
	AMDIETZ0408@GMAIL.		
	E-mail address: (to be used for future annual report notific	ation)
For further information co	oncerning this matter, please c	all:	
ANNE MARIE DIETZ		561 4058661	
Name of	Person	at () Area Code Daytime T	'elephone Number
Enclosed is a check for th	e following amount:		
□ \$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 Address	<u>::</u>	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section
Division of Corporations

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FI. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this 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 05/06/2014 and assigned Florida document number 1.14-000073634

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Bungalow Baby Company, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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:	CORPORATION SERVICE CO	OMPANY - No chemo
New Registered Office Address:	1201 HAYS STREET	Ž.
	Enter F	lorida street address
	TALLAHASSEE	, Florida ³²³⁰¹
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

(Mailing address MAY BE A POST OFFICE BOX)

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

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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
AMBR	Charlotte Anne Dietz-Elber	200 S Ocean Blvd, #126 Delray Beach, FL 33483	= Add
			□Remove
			□Change
MGR Anne Marie Dietz	200 S Ocean Blvd, #126 Delray Beach, FL 33483	□Add	
			□Remove
		Anne Marie Marie Dietz (NAME IS WRONG)	🗐 Change
MGR	Patrick J. Elber	200 S Ocean Blvd, #126 Delray Beach, FL 33483	= Add
		-	□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

Page 2 of 3

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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lf an cif <u>Note:</u>	ive date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _.	January 30th 2020 Grove Marie Dieg Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

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