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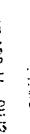
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: LO	ve in Many Name of Limi	Languages, Letted Liability Company	LC.
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	SiTerra	L. Walla Name of Person	cl
	Love in	many Lan	guages, LCC
	2910	Kerry Forest P	Kwy. 04-262
	Tall.	PL 32309	
	E-mail address: (i	City/State and Zip Code A A C C C C C C C C C C C C C C C C C	mael, com
For further information of	concerning this matter, please ca	all:	
SiTerra	L'Wallace of Person		Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy, (additional copy is enclosed)

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L	un Sua Gets, LLC ny as it now appears on bur records.) iability Company			
The Articles of Organization for this Limited Liability Company Florida document number <u>L1400D14005</u> 3	Alabany	and assi	igned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabile EMETGE LOVE, LLC. The new name must be distinguishable and end with the words "Limited Liabile		bbreviation "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) B. If amending the registered agent and/or registered of		the name	of the	 new
Name of New Registered Agent: New Registered Office Address:	j Enter Florida street address	1, 1 cm	(J)	- -
New Registered Agent's Signature, if changing Registered Agent:	, Florida	Zip Code	PH E:	
I hereby accept the appointment as registered agent and agraprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am jorovided for in Chapter 605, F.S. Or, address, I hereby confirm that the lin	familiar wit if this docu nited liabili	olyzwith h and iment i	
If Char	nging Registered Agent, Signature of New Re	gistered Agen	<u>it</u>	

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Au	thorized Member	,	
<u>Title</u>	Name	Address	Type of Action
AMBR	Geoffrey J. MASSENDE	rg 29101	Cerry Frest the of Add
	,	D4-262	Cerry Friest His Tot Add Remove
		TAIL FL 3	2309
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			yanne Pann
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			☐ Remove

Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot the date this document is filed by the Florida Department of State)	(optional) e more than 90 days after
Dated 4/14, 15	(optional) be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00