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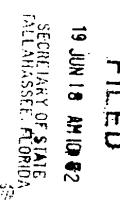
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COVER LETTER

TO:	Registration Se Division of Cor			
SHRII	ЕСТ:	Date	Spot, LLC ited Liability Company	
SUBJ		Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
			Sharif Hall Name of Person	
			Date Spot Firm/Company	
		<u></u> <u>IC</u>	NE 41ST PL Address	<u></u>
		 	Homestead, FL 330 City/State and Zip Code hallsharf@amail. to be used for future annual report noti	33
		Fi mail address: (hallsharif@amail	. Com
For fu	rther information o	concerning this matter, please of		nearry
. 0. 14				
	Name e	Sharif Hall of Person	at (<u>915</u>) <u>637-</u> Area Code Daytim	3083
	Name	i i cison	Aica Code Dayiiii	e retephone ramoer
Enclos	sed is a check for t	he following amount:		
□ \$ 2	5.00 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: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	on rations enter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DateSpot	<u></u>
(<u>Name of the Limited Liability Company</u> a (A Florida Limited Liabi	as it now appears on our records.) ility Company)
The Articles of Organization for this Limited Liability Company well- Florida document number <u>L14000183224</u> .	ere filed on $11/17/2014$ and assigne
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	y company here:
Cha+Book Plus The new name must be distinguishable and contain the words "Limited Liability Contains the words "Linited Liability Contains the words "Liability Contains the words "Liabil	LLC 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: Cert Copy to > (Mailing address MAY BE A POST OFFICE BOX)	Sharif Hall 4985 Silver Cholla
muning duaress MAT DEATOST OFFICE BOX	El Paso, TX 79754 N
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	•
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature if changing Registered Agent	

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 or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Acti
MGR	Sharif Hall		
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f an effective date is list Note: If the date instance document's effective	ther than the date of sted, the date must be spec serted in this block doc e date on the Departme	eific and cannot be prices not meet the applicant of State's record	icable statutory fi s.	more than 90 days ing requirements.	, this date wi	ll not be	e liste
	es a delayed effec after the record is		ot an effective	e time, at 12:0)1 a.m. or	ithe e	arlie
Dated	Jun 7	Share Share of a member) or aut	_	rages			-
	Jighatu	V	Hall				_

U. It differentially any other information, enter change(s) here. (That had not sheets, y necessary)

Page 3 of 3

Filing Fee: \$25.00