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SECRETARY OF STATE
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COVER LETTER

| TO: | Registration Se Division of Cor | | | · | | | |
|---------------|------------------------------------|--|---|---|--|--|--|
| etin ir | Segr. | WOOD | EN SHOE, LLC | | | | |
| SUBJE | CI: | Name of Lim | ited Liability Company | | | | |
| The end | closed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | | |
| Please | return all correspo | ondence concerning this matter | to the following: | | | | |
| | | | DAVID SABOT | | | | |
| | | | Name of Person | | | | |
| | | | WOODEN SHOE, LLC | | | | |
| | | | Firm/Company | 1 SECTION 1 1 11 11 11 11 11 11 11 11 11 11 11 1 | | | |
| | 217 HOBBS ST #107 | | | | | | |
| | | | Address | | | | |
| | | | TAMPA, FI 33619 | | | | |
| | | | City/State and Zip Code | | | | |
| | | | E@CHEAPHUMIDORS.COM | | | | |
| F 6 | J | | to be used for future annual report notif | ication) | | | |
| ror turt | iner information c | oncerning this matter, please ca | all: | | | | |
| DAVID SABOT | | | 888 674-8307 at () | | | | |
| | Name o | f Person | Area Code Daytime | Telephone Number | | | |
| Enclose | ed is a check for th | ne following amount: | | | | | |
| ■ \$25 | 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:

TO:

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

| 18 | FILED |
|----------------|---|
| SECI. TALLA | MAR -9 PM 3: 48 PETARY OF STATE MASSEE FLOWDA |
|) | TONDA |

WOODEN SHOE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liability | y Company were filed on | MAY 26, 2015 | and assigned |
|---|-----------------------------------|----------------------------|----------------------|
| Florida document numberL15000092057 | <u> </u> | | |
| This amendment is submitted to amend the following | g; | | |
| A. If amending name, enter the new name of the l | imited liability company he | ere: | |
| TORCHED ENTERPRISES, LLC | | | |
| The new name must be distinguishable and contain the words "I | Limited Liability Company," the d | esignation "LLC" or the al | obreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET AD | DRESS) | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or reregistered agent and/or the new registered office a | gistered office address on | our records, enter | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | E Fl | rida street address | _ |
| | Enter Flor | raa sireel aaaress | |
| | City | , Florida | Zip Code |
| | Chy | | Lip 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.

If Changing Registered Agent, Signature of New Registered Agent

- or removed from our records: FILED 18 MAR -9 PM 3: 48 MGR = Manager AMBR = Authorized Member **Title** <u>Name</u> **Address** Type of Action ☐ Add ☐ Remove ☐ Change _□ Add □ Remove _□ Change _ Add _□ Remove □ Change _□ Add _□ Remove ☐ Change □ Add □ Remove □ Change _ Add ☐ Remove _□ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

| | | <u> </u> | | | | | | FIL | En | - |
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