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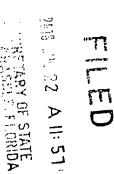
| (Requ | uestor's Name) | |
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| Special Instructions to F | iling Officer: | |
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COVER LETTER

| ision of Corp | oorations | | | | |
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| | | | | | |
| | Name of Lim | ited Liability Company | | | |
| Articles of A | Amendment and fee(s) are sub- | mitted for filing. | | | |
| all correspor | ndence concerning this matter | to the following: | | | |
| | BRANDON ALLARD | | | | |
| | | Name of Person | . | | |
| | TWO BIG EYES, LLC | | | | |
| | Firm/Company | | | | |
| | 11000 S. OCEAN DRIVE, UNIT 6-I | | | | |
| | | Address | | | |
| | JENSEN BEACH, FL 349 | 957 | | | |
| | | City/State and Zip Code | | | |
| | _ | | | | |
| | | | fication) | | |
| formation co | oncerning this matter, please ca | all: | | | |
| ALLARD | | 214 212-9577 | | | |
| Name of | Person | Area Code Daytim | e Telephone Number | | |
| check for the | e following amount: | | | | |
| iling 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) | | |
| | Articles of A all correspond | Articles of Amendment and fee(s) are sub all correspondence concerning this matter BRANDON ALLARD TWO BIG EYES, LLC 11000 S. OCEAN DRIVE JENSEN BEACH, FL 349 TWOBIGEYESLLC@GM. E-mail address: (formation concerning this matter, please can all all all all all all all all all a | Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: BRANDON ALLARD Name of Person TWO BIG EYES, LLC Firm/Company 11000 S. OCEAN DRIVE, UNIT 6-I Address JENSEN BEACH, FL 34957 City/State and Zip Code TWOBIGEYESLLC@GMAIL.COM E-mail address: (to be used for future annual report note formation concerning this matter, please call: ALLARD Name of Person at (214) Area Code Daytim check for the following amount: lling Fee \$\square\$ \$30.00 Filing Fee & Certificate of Status \$\square\$ Certified Copy | | |

MAILING ADDRESS:

TO:

Registration Section.

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

| TWO BIG EYES, LLC | | | | |
|--|--|----------------------|--|--|
| (Name of the Limited Liability Compa (A Florida Limited | iny as it now appears on our records.) Liability Company) | | | |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L15000190333</u> . | were filed on 11/10/2015 | and assigned | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or the a | bbreviation "L.L.C." | | |
| Enter new principal offices address, if applicable: | 11000 S. OCEAN DRIVE, UNIT 6-I | | | |
| (Principal office address MUST BE A STREET ADDRESS) | JENSEN BEACH, FL 34957 | | | |
| Enter new mailing address, if applicable: | P. O. BOX 2446 | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | PALM CITY, FL 34991 | | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address: | ffice address on our records, enter | the name of the no | | |
| | Enter Florida street address , Florida | | | |
| | City , Florida | 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.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 | BRANDON E. ALLARD | 11000 S. OCEAN DRIVE | ⊟ Add |
| | | UNIT 6-I | □ Remove |
| | | JENSEN BEACH, FL 34957 | Change |
| | | | □ Add |
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| | date, if other than the dive date is listed, the date must | late of filing: be specific and | cannot be prior to | o date of filing or | more than 90 c | (option ately after till | al) ing.) Pursu | ant to 605.02 |
| ffective an effective | أحلط ملطه سنالت واستمومنا معمله مط | ck does not me | eet the applical | ble statutory fil | ng requirem | ents, this da | ate will n | ot be listed |
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