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COVER LETTER

FO: Registration Section Division of Corporations
SUBJECT: The Etiquette Seed Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Veronica Detec
The Etiquette Seed
237 Poinciona Drive
Jupiter FL 33458 City/State and Zip Code Veranca De Fea CHAIL COM E-mail address: (no be used for future annual report notification)
for further information concerning this matter, please call:
Veronica DeFeo at 386 237 8952 Name of Person Area Code Daytime Telephone Number
inclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigsquare \$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$

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	ny as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L15COCZO1161</u> . This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability Company **NOME REMAINS THE 50	were filed on 11 - 21 - 17	and assigned
he new name must be distinguishable and contain the words "Limited Liabili		reviation "L.L.C."
Enter new principal offices address, if applicable: <u>Principal office address MUST BE A STREET ADDRESS</u>	237 Poinciona I Jupiter, FL 334	Orive 58
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	Same as above	
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:		the name of the ne

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 added or removed from our records:

•		
MGR = Manager		
AMRR = Authorized Member	•	

Title	<u>Name</u>	Address	Type of Action
<u>Title</u> Yanaqer MWM	Veronica DeFeo	237 Poinciana Drive	X/\dd
		Jupiter, FL 33458	Remove
			Change
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E. Effect	tive date, if other than the date of filing: 11/20/17 (optional) Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60)5.0207 (3)(
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listent's effective date on the Department of State's records.	
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earle 90th day after the record is filed.	ier of:
Dated	November 20 . 2017.	
	November 20. 2017. Western Del Fio Signature of a member or authorized representative of a member	
	· · · · · · · · · · · · · · · · · · ·	

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Typed or printed name of signee

Filing Fee: \$25.00