L160000 29660

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| TO: | Registration Se Division of Cor | | | |
|----------------|------------------------------------|--|---|--|
| CIID II | Girls Defyin | ng Gravity LLC | | |
| SUBJE | ECT: | Name of Lim | ited Liability Company | |
| The en | closed Articles of | Amendment and fce(s) are sub | mitted for filing. | |
| Please | return all correspo | ndence concerning this matter | to the following: | |
| | | Dawn Destefano | | |
| | | *** ********************************** | Name of Person | |
| | | Girls Defying Gravity LLC | | |
| | | | Firm/Company | |
| | | 9643 Sweetleaf Street | | |
| | | | Address | *************************************** |
| | | Orlando, FL 32827 | | |
| | | | City/State and Zip Code | . |
| | | dawn@girlsdefyinggravity. | | |
| | | E-mail address: (| to be used for future annual report notifi | ication) |
| For fur | ther information of | oncerning this matter, please ca | all: | |
| Dawn | Destefano | | 407 702-7319 at () | |
| | Name o | f Person | Area Code Daytime | Telephone Number |
| Enclose | ed is a check for th | e 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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Girls Defying Gravity LLC | | | |
|--|---|---------------------|---------|
| (<u>Name of the Limited</u> (A | Liability Company as it now appears on our records.) Florida Limited Liability Company) | | |
| The Articles of Organization for this Limited Liab Florida document number L16000029660 | pility Company were filed on February 11, 2016 | and assign | ned |
| This amendment is submitted to amend the follow | ving: | | |
| A. If amending name, enter the new name of t | he limited liability company here: | | |
| The new name must be distinguishable and contain the word | ds "Limited Liability Company," the designation "LLC" or the | abbreviation "L.L.C | 2." |
| Enter new principal offices address, if applicab | ole: | | |
| (Principal office address MUST BE A STREET | ADDRESS) | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO | <u> </u> | 36 J | |
| B. If amending the registered agent and/or registered agent and/or the new registered office | registered office address on our records, ente | | the new |
| Name of New Registered Agent: | | 1 2:25 FLORIU | A post |
| New Registered Office Address: | | 3.7 | |
| reminegistered Office Addition. | Enter Florida street address | | |
| | , Florida | | |
| | City | 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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | <u>Address</u> | Type of Action |
|--------------|----------------|------------------------------------|-------------------------|
| MGR | Dawn Destefano | 9643 Sweetleaf Street, Orlando, FL | ■ Add |
| | | | □ Remove |
| | | | Change |
| MGR | Alice Pilch | 9 Oak Drive, Dover Plains, NY 125 | Add |
| | | | Remove |
| | | | Change |
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Filing Fee: \$25.00