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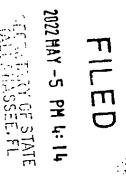
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C. BRUMBLEY
JUN 3 0 2022

COVER LETTER

TO:

Registration Section

Division of Cor	porations			
A Black Bu	itterfly, LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for tiling.		
Please return all correspo	ondence concerning this matter	to the following:		
	Steffany J Johnson			
		Name of Person		
	A Black Butterfly, LLC			
		Firm/Company		
	579 Worcester Court			
		Address		
	Jacksonville, Fl. 32218			
		City/State and Zip Code		
	amsat.shepsu@gmail.com	to be used for future annual report noti	47 - 162 - N	
For further information c	oncerning this matter, please c	·	meation)	
	who makes product			
Steffany J Johnson		904 496-2093 at ()		
Name o	f Person	Area Code Daytim	ne Telephone Number	
Enclosed is a check for the	ne following amount:			
□ \$25.00 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 Addres Registration S		Street Address: Registration Se	ction	
Division of Corporations		Division of Corporations		
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		The Centre of T	Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A Black Butterfly, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	uny as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company	were filed on March 31, 2016	and assigned
Florida document number 1.16000065104		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The Ancient Now, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	579 Worcester Court	20
Principal office address MUST BE A STREET ADDRESS)	Jacksonville, Fl.	22 H
	32218	1
		5 5
Enter new mailing address, if applicable:	579 Worcester Court	
Mailing address MAY BE A POST OFFICE BOX)	Jacksonville, Fl.	E.F.
	32218	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>ent</u>	er the name of the new registere
New Registered Office Address:	Enter Florida street addi	ress
		F lorida = Zip Code
	Cuy	гір Сойе

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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Faron Williams	579 Worcester Court	■Add
		Jacksonville, Fl.	□Remove
		32218	Change
AMBR	Brune' Williams II	579 Worcester Court	= Add
		Jacksonville, Fl.	
		32218	□Change
			□Add
			Remove
			□Change
			
			□Remove
			Change
			□Remove
			□Change
			□Remove

Effective date, if other than the date of filing: April 30, 2022 (optional)	_	
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Filing Fee: \$25.00