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COVER LETTER

TO:

	istration Se sion of Cor			
	Neatfreak I	01, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Lauric Karp		
			Name of Person	
		Neatfreak 101, LLC		2020 DEC 10
			Firm/Company	DEC 10
		5260 SE 137th Place		0 1
			Address	The second secon
		Summerfield, FL 34491		PM 3: 03
		team@theorganizerpro.com	City/State and Zip Code	
			to be used for future annual report noti	fication)
For further in	formation co	oncerning this matter, please ca	all:	
Lauric Karp			352 321-0219 at ()	
	Name of	Person		e Telephone Number
Enclosed is a	check for th	e following amount:		
≅ \$ 25.00 Fi	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)
Reg Div P.O	ing Address istration S ision of Co . Box 632 ahassee, F	fection orporations 7	Street Address: Registration Second Division of Coron The Centre of Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our remited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Com	npany were filed on 8/24/2016	and assigned
Florida document number L16000159199		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The Organizer Pro, LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5260 SE 137th Place	2020
(Principal office address MUST BE A STREET ADDRES	Summerfield, FL 34491	
		70000
Enter new mailing address, if applicable:	5260 SE 137th Place	O PH C
(Mailing address MAY BE A POST OFFICE BOX)	Summerfield, FL 34491	8: 03
	-	$_{_{ m ITI}}$ ω
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent: Lauric Ka		nter the name of the new regis
New Registered Office Address: 5260 SE	137th Place	
New Registered Office Address.	Enter Florida street a	ddress
Summerfi	ield	, Florida 34491
	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, 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
			□ Add
			□Remove
			Change
			□Add
			□Remove
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			Change
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			□Remove
			□Change

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ffective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be price	or to date of filing or more than 90 days after filing.) Pursuant to 605.020' icable statutory filing requirements, this date will not be listed as
ocument's effective date on the Department of State's record	
record specifies a delayed effective date, but not an effective is filed.	time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
2020	
ated $\frac{12-5}{2}$, $\frac{2020}{2}$	
$(\lambda \cdot \lambda)$	(4)
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Typed or printed name of signee