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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DATEAFREAK.COM, LLC

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:

Eugenio R. Cabrera

Name of Person

DATEAFREAK.COM, LLC

Firm/Company

825 Reflection Lane

Address

Weston, FL 33327

City State and Zip Code

genecabrera28@yahoo.com

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Gene Cabrera

954

995-9466

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional \$20.00 is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy

MAILING ADDRESS:

STREET/COURIER ADDRESS:

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

DATEAFREAK.COM, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/30/2016 and assigned
Florida document number L16000162583.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

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, 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Aaron Ross	4015 South 9th Street	<input checked="" type="checkbox"/> Add
		Columbus, NE 68601	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	James A. Sciarani	30 Broadway	<input checked="" type="checkbox"/> Add
		Yerington, NV 89447	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Remove
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Dated June 11th 2018

Stato

Typed or printed name of signee