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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA200000023 : (614)280-3338 Phone

Fax Number : (954)208-0845

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:		 	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TEEN MANIFESTO LLC

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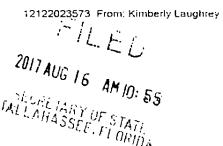
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To: Page 3 of 5

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Teen Manifesto, LLC			
(Name of the Limited Limbility Company (A Florida Limited Lin	this Row uppears on our records.)		
The Articles of Organization for this Limited Liability Company w Florida document number L16000167099	vere filed on 9/7/2016	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	ity company here:		
Emerge Movement LLC			
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or	the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY RE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here: Name of New Registered Agent:	ice address on our records, g	enter the name of the new	
New Registered Office Address:			
	Entar Florida street address		
	, Plorida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		•	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	verformance of my duties, and i rovided for in Chapter 605, F.S	Fam familiar with and S. Or, if this document is	

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		
Title	<u>Name</u>	<u>Asldress</u>	Type of Action
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	a delayed effective or the record is file		effective; time, at	12:01 a.m. on th	ne earlier of:
ned <u>August 16</u>	·				
		illeen			
	Signature o	s niember or authorized	representative of a mount	oci	
	Tamara Chase				

Page 3 of 3

Filing Fee: \$25.00