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(Re	equestor's Name)	
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WY 22 2016 J. HARRIS

#### **COVER LETTER**

TO:	Registration Sec Division of Corp		
CHINT	n con.	Feel Sexy After 40, L.L.C.	
SUBJ	ECI:	Name of Lim	ited Liability Company
The en	nclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.
Please	return all correspon	ndence concerning this matter	to the following:
			Thomas Kicinski
			Name of Person
			Firm/Company
		23.	5 Edgewater Drive
			Address
		Du:	nedin, FL. 34698
			City/State and Zip Code
		E-mail address: (	to be used for future annual report notification)
For fu	rther information co	oncerning this matter, please ca	ail:
	Thomas	Kicinski	at (727 <del>638-5735</del> 7.38-5735
	Name of	`Person	Area Code Daytime Telephone Number
Enclos	sed is a check for th	e following amount:	
<b>\$</b> \$2	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	/ Registra Division P.O. Bo	NG ADDRESS: ation Section n of Corporations ox 6327 ssee, 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

	onears on our records.)	···-
(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Compa	ny)	
The Articles of Organization for this Limited Liability Company were filed on	11/08/2016	and assigned
lorida document number L160000205555		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability compan	<u>y here</u> :	
Still Sexy After 40, L.L.C.		
he new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the	abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
• • • • • • • • • • • • • • • • • • • •		60
Principal office address MUST BE A STREET ADDRESS)		
		<del></del>
nter new mailing address, if applicable:		
•		မ္မာ 🐰
Mailing address MAY BE A POST OFFICE BOX)		<u></u>
		<del></del>
8. If amending the registered agent and/or registered office address egistered agent and/or the new registered office address here:  Name of New Registered Agent:	s on our records, <u>ente</u>	r the name of the
Name of New Registered Agent.		<del></del>
New Pagistand Office Address		
New Registered Office Address:	r Florida street address	
	1 tortua street address	
	, Florida	

#### 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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Change
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n effectis	he date inserted in this block doe	es not meet the applicable statutory filing re		
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te: If the cument's record the 90	th day after the record is  November 18th	gree of a member or authorized representative of	,	<b>高</b> 沙里 22
te: If the cument'	th day after the record is  November 18th	Thomas Kicinski	,	<b>6</b>