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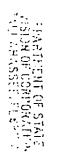
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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MAR 2 6 2020 S. YOUNG

n POWER I NG = A MER ICA'S = ENTREPRENE UR! Edita Corporation 315 Mort Barra, Seita 240 Ann Arbor, KI 48101

Florida Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

March 5, 2020

Re: get n dirty LLC

Dear Sir or Madam:

Enitia Corporation has been authorized by wilbur wood to file the enclosed Amendment for get n dirty LLC. Enitia Corporation is acting only as the Incorporator.

If you need any additional information, you can reach us at

1-877-281-6496 (toll free) documents@directincorporation.com

We have enclosed an additional \$5.00 for one "Certificate of Status". For your convenience, I have enclosed a self-addressed envelope.

Thank you,

Enitia Corporation

## **COVER LETTER**

TO: Registration Sec Division of Corp			
•	RTY "LLC"		
SUBJECT:		ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Shannon Stahlin		
		Name of Person	
	Direct Inc.	Name of Limited Liability Company  thent and fee(s) are submitted for filing.  Foncerning this matter to the following:  Innon Stahlin  Name of Person  Set Inc.  Firm/Company  W Huron Ste 240  Address  Address  Arbor, MI 48103  City/State and Zip Code  ments@directincorp.com  E-mail address: (to be used for future annual report notification)  g this matter, please call:  877 281-6496  at (	
		Firm/Company	
	315 W Huron Ste 240		
		Address	
	Ann Arbor, MI 48103		
	documents@directincorp.c	om	<del> </del>
	E-mail address: (	to be used for future annual report notif	ication)
	oncerning this matter, please c		
Shannon Stahlin			
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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 Address	s:	Street Address:	

TO:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GET"N DIRTY "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 C	Company were filed on	02/08/2017	2 and assigned
Florida document number			
This amendment is submitted to amend the following:		. In const	
A. If amending name, enter the new name of the lim	ited hability company	nere:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," th	se designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2740 SW H	owell St.	
(Principal office address MUST BE A STREET ADDI	RESS) Lake City, I	FL 32024	
Enter new mailing address, if applicable:	2740 SW H	owell St.	
(Mailing address MAY BE A POST OFFICE BOX)	Lake City, I	FL 32024	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:  Name of New Registered Agent:	d office address on ou	r records, <u>enter tl</u>	ne name of the new registered
	SW Howell St.		
New Registered Office Address.	Enter	Florida street address	
Lake	City	, Flor	32024 rida
	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 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>	Type of Action
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			□ Remove
		2740 SW Howell St., Lake City, FL 32024	<b>■</b> Change
VP	WOOD, BARBARA T		<b></b>
			□Remove
		2740 SW Howell St., Lake City, FL 32024	Change
VP	WOOD, BARBARA J		_
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			□Remove
		2740 SW Howell St., Lake City, FL 32024	<b>=</b> Change
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ffective date, if other than the an effective date is listed, the date mustote: If the date inserted in this blocument's effective date on the Defective date.	date of filing:  t be specific and cannot be prior to date ock does not meet the applicable separtment of State's records.	cof filing or more than 90 days after tatutory filing requirements, this	onal) filing.) Pursuant to 605.0207 s date will not be listed as
record specifies a delayed effectiv I is filed.	e date, but not an effective time, a	t 12:01 a.m. on the earlier of: (b	) The 90th day after the
March 5	2020		
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