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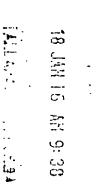
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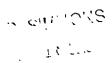


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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Girl Army 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:
Ebony Henderson Name of Person
Girl Army LLC Film/Company
21411 San Simon Way Apt 101
Miami FL 33179 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
r further information concerning this matter, please call:
2001 Henderson at 305 898-577 6 Name of Person Area Code Daytime Telephone Number
osed is a check for the following amount:
25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

Girl Army LLC	
(Name of the Limited Liability Comp. (A Florida Limited)	pany as it now appears on our records.) I Liability Company)
The Articles of Organization for this Limited Liability Companies Florida document number 11000037168	y were filed on 02/05/2017 and assigned
A. If amending name, enter the new name of the limited lia CA NATION LLC The new name must be distinguishable and contain the words "Limited Lia"	<u></u>
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	21411 San Simon Way Apt 101 Miami FL 33179
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	GANATIONUC POBOX 693574 Miami FL, 33269
If amending the registered agent and/or registered istered agent and/or the new registered office address he	office address on our records, <u>enter the name of the new</u> ere:
Name of New Registered Agent:	
New Registered Office Address:	San Simeon Way Apt 101 Enter Florida street address
miam	Florida 33179 City Zip Code
egistered Agent's Signature, if changing Registered Agen	<u>t:</u>

by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is led to merely reflect a change in the registered office address. I hereby confirm that the limited liability y has been notified in writing of this change.

If Changing Registered Nent, Signature of New Registered Agent

Page 1 of 3

. 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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e record specifies a delayed The 90th day after the reco		but not an eff	ective time, at :	12:01 a.m. o	n the earlier	of
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Ebony		or or authorized repr		er		

Page 3 of 3

Filing Fee: \$25.00