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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Mama of Limited Liability Company Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
ASHLY Karakos a Stephanie Brown
Mamas Know Best LLC Firm Company
21524 Taft Court # 103
ESTERO, Florida 33928) City/State and Zip Code
Marra 5@ Marrask now best. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Stephanie Droun at (B9) 919-6144 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status \$\Bigcup \$\text{cadditional copy is enclosed}\$ 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 Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mama of the Limited Liability (A Florida	y Company as it now appea Limited Liability Company)	irs on our records.)	T JE
The Articles of Organization for this Limited Liability Co. Florida document number	ompany were filed on C	2-17-17	FILED 17 JUN 13 要 4: 25 18 JUN 13 可 4: 25
A. If amending name, enter the new name of the limit MANGS KON B The new name must be distinguishable and contain the words "Limit Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ted Liability Company," the	<u> </u>	COURT #102
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2152L Ester	1 Taft (0, FL 3	10U(† #122 3928)
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		n our records, <u>enter t</u> l	he name of the new
Name of New Registered Agent:	14		
New Registered Office Address:	Emer Fle	rida strect address	
	City	, Florida	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 = Aut	thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Ashly Karakos	21524 Taft Court	Add
		# 103	Remove
		EStero, FL 33928	
MGR	Stephanie Blow	in 21524 Taft cou	rt SAdd
		#103	Remove
		Estero, FL 33920	Change
			□ Add
			□ Remove
			□ Change
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Filing Fee: \$25.00