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COVER LETTER

Division of Corp	orations		
SUBJECT:	So Sad	ity Collect	ion clc
	Name of Limit	led Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspor	ndence concerning this matter t	o the following:	
	Karer	n Bass	
		Name of Person	
		Firm/Company	
	320	NW 30	
		Address	
	Hailando	city/State and Zip Code Firm D Glnaul	F1. 33009
	fahand-	City/State and Zip Code	. Com
	E-mail address: (t	o be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	H:	
Kaver	720SS	at (501) 77 C	1 4484 Telephone Number
Name of	rerson	Area Code 12ayima	receptione reason
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	S30.00 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:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

50 '	Sadit	y Collection	$\overline{}$	
(Name of the Limited L. (A F	i <mark>ability Company</mark> Iorida Limited Lia	as it now appears on our records.) bility Company)		
The Articles of Organization for this Limited Liabil Florida document number <u>L17000</u>	lity Company w	vere filed on 4-13-	and assign	ied
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the So Solith Contain the words. The new name must be distinguishable and contain the words.	'ollec:	tion LLC	r the abbreviation "L.LC	
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A		320 NW 30 Haylandale E	A Beach, Fl	<u>.33</u> 00
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u>X)</u>	300 NW 3 Haulandale B	ct each Flo	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered off address here	ice address on our records,	enter the name of	the new
Name of New Registered Agent: New Registered Office Address:	320	NW 3C+ Enter Florida street address		
-	Hallar	<u>vdale Beach, Flori</u>	da <u>3300</u> 0 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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
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			🗅 Change
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Effective date, if	other than the date	of filing:	w prior to data of fil	ing or more than 9	(optional)	ул ГП - ГП -	SEP 20 AI
f an effective date is ! Note: If the date in	listed, the date must be spenserted in this block do	eific and cannot be es not meet the	applicable statuto	ing or more than 90 ry filing requires	days after filing.)	Pursuant villinot b	20 20 10 605.020 10 fished a
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Filing Fee: \$25.00