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COVER LETTER

| Division of Co | | | |
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| Lularoe Al | bbey & Jamie LLC | | |
| | Name of Limi | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Jamie Dickinson | | |
| | | Name of Person | |
| | | Firm/Company | |
| | 1661 Eagle St | , . | |
| | | Address | |
| | Cantonment, FL 32533 | | |
| | Abhey.danielle88@gmail.co | City/State and Zip Code | |
| | E-mail address: (| to be used for future annual report notific | cation) |
| For further information of | concerning this matter, please ca | all: | |
| Abbey Ross | | 850 619-2 at () | |
| Name o | of Person | Area Code Daytime | Telephone Number |
| Enclosed is a check for t | he 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:

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

| (Name of the Limited Liability Compa (A Florida Limited I | iny as it now appears on our records.) Liability Company) | | | | | |
|--|--|--|--|--|--|--|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L17000090612</u> . | were filed on 04/24/2017 and assigned | | | | | |
| This amendment is submitted to amend the following: | | | | | | |
| A. If amending name, enter the new name of the limited liab | pility company here: | | | | | |
| Abbey & Jamie ModestMoms LLC | | | | | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "L.L.C." or the abbreviation "L.L.C." | | | | | |
| Enter new principal offices address, if applicable: | 1661 EAGLE ST | | | | | |
| (Principal office address MUST BE A STREET ADDRESS) | CANTONMENT, FL 32533 | | | | | |
| Enter new mailing address, if applicable: | 1661 EAGLE ST | | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | CANTONMENT, FL 32533 | | | | | |
| B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her | ffice address on our records, enter the name of the note: | | | | | |
| Name of New Registered Agent: | | | | | | |
| New Registered Office Address: | Enter Florida street address | | | | | |
| | City , Florida C Zin Code Zin Code | | | | | |
| New Registered Agent's Signature, if changing Registered Agent: | | | | | | |
| I hereby accept the appointment as registered agent and agr | ee to act in this capacity. I further agree Comply with | | | | | |

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:

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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Filing Fee: \$25.00