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Office Use Only



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COVER LETTER

TO:	Registration Sect Division of Corpo	ion Prations		कृतींकर ≛ा क	•	
	+Sister to Siste	r Enterprise, LLC	•	* *	;	
SUBJI			ited Liability Company			
The en	aclosed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please	return all correspond	lence concerning this matter	to the following:			
		Khadija Williams-Frazier				
			Name of Person			
			Firm/Company			
			50			
	Pembroke Pines, FI 33025					1
			7 838			
		sistertosisterenterprise@gm	ail.com to be used for future ann	l		5
For fu	rther information con	e-mail address: (a		iuai report nouneau	on)	THAY 15 PM 3: 32
Khadi	ija Williams-Frazier		305 at ()	303-2207		75
	Name of F	Person	Area Code	Daytime Tel	ephone Number	
Enclos	sed is a check for the	following amount:				
= \$2	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing F Certified Copy (additional copy is	/	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	ı

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**

Sister to Sister Enterprise, LLC		
(Name of the Limited Liability Comp (A Florida Limited	nany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on May 2, 2017	and assigned
Florida document number L17000097316 .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	• • •	
Principal office address MUST BE A STREET ADDRESS)		3 2
		<u> </u>
		5 PM 3: 3
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		35
B. If amending the registered agent and/or registered		enter the name of the ne
registered agent and/or the new registered office address he	e <u>re</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	City	Zip Code

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 = Authorized Member Type of Action **Address** <u>Title</u> <u>Name</u> 10260 SW 16th Court, Pembroke Pines F1 33025 MGR Khadija Williams-Frazier ☐ Remove _□ Change _ Add ☐ Remove ☐ Change □ Add ☐ Change _□ Add ☐ Remove _□ Change _□ Add _□ Remove _□ Change _ 🗆 Add ☐ Remove

☐ Change

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Filing Fee: \$25.00