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COVER LETTER

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OUD IF CT	FRINGEW				
SUBJECT		Name of Lim	ited Liability Company		
The enclosed	d Articles of	Amendment and fec(s) are sub	omitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		MARGARET E EAR			
			Name of Person		
		FRINGEGOODS LLC			
Firm/Company		-			
1504 FRINGE ST					
			Address		
LAKE PLACID FL 33852					
Address LAKE PLACID FL 33852 City/State and Zip Code INFO@FRINGEGOODS.COM E-mail address: (to be used for future annual report notification)					
		~			
				notification)	
For further i	nformation c	oncerning this matter, please c	all:		
MARGARE	T DEAR		843 330-5665 at ()		
	Name o	f Person	at () Area Code Da	ytime Telephone Number	
Enclosed is	a check for th	ne following amount:			
≡ \$25.00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	iling Addres gistration S		Street Address Registration		
Division of Corporations		Division of 0	Division of Corporations The Centre of Tallahassee		
), Box 632 Hahassee, F			of Tallahassee nroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FRINGEWORKS LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number L17000100919	pany were filed on MAY 5 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
FRINGEGOODS LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, enter the 1	SECULIAN POR PROJECT OF THE PROJECT CO.
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
	City	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:

AMBR = 7 <u>Title</u>	Authorized Member <u>Name</u>	Address	Type of Action
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			Change
		 	
			Remove
			□ Change
			□Add
			□Remove
			Change

_____ □Remove

		
		
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		- :
If an effective Note: If the	ate, if other than the date of filing: date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pure date inserted in this block does not meet the applicable statutory filing requirements, this date will effective date on the Department of State's records.	rsuant to 605.0207 not be listed as
e record spec rd is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90	th day after the
Dated	JANUARY 25 . 2023 .	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00