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COVER LETTER

Division of Corporations
SUBJECT: AWESOME FINDS LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael J. Williams Name of Person A Wesome Finds LLC Firm/Company 8918 Grey Eagle Drive Address
Boynton Beach FL 33472
E-mail address: (to be used to future annual report notification)
For further information concerning this matter, please call:
Michael J. Williams at (561) 531 - 9942 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 & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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 Liabil	lity Company as it now appears on o la Limited Liability Company)	ur records.)			
(A Florid	ia Limited Liability Company)				
The Articles of Organization for this Limited Liability (Articles of Organization for this Limited Liability Company were filed on 5-25-17 and assigned				
Florida document number <u>L 1 70 00 1 1 6 3 8 1</u>					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	nited liability company here:				
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designal	tion "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:		1			
(Principal office address MUST BE A STREET ADD	RESS)				
		G.			
Enter new mailing address, if applicable:		Cust			
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered agent and/or the new registered office add		records, enter the name of the new			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida str	eet 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:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	MICHAGE J. WILLIAMS	8918 Grey Eagle Drive	S Add
		Boynton Beach, FL 33472	🗆 Remove
	•		Change
<u>, </u>			Add
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tive date, if other than the date of filing: ffective date is listed, the date must be specific and cannot be prior to dat	(optional) te of filing or more than 90 days after filing.) Pursuant to 605.4
If the date inserted in this block does not meet the applicable sment's effective date on the Department of State's records.	statutory filing requirements, this date will not be lister
·	
ecord specifies a delayed effective date, but not an	effective time, at 12:01 a.m. on the earlie
e 90th day after the record is filed.	
June 5, 2017.	
· —	
Muchas Signature of a member or authorized	

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Filing Fee: \$25.00