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ECRETARY OF STATE

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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Mulk		LLC ited Liability Company			
The enclosed Articles of Am	endment and fee(s) are subr	mitted for filing.			
Please return all corresponde	ence concerning this matter t	to the following:			
	Tara V	Vexler Name of Person			
	Mulberr	Firm/Company	L.L.C.		
	337	7 Landing Address	-CT		
	Palm H	City/State and Zip Code	_ 340	284	
	E-mail address: (1	mano ya	report notification)	∑ JALL SEC	2017
For further information conc	erning this matter, please ca	all:		AH AS	
Tara WE	exter		303-908) / m _m	-S - F
Name of Pe		Area Code	Daytime Telepho	STA LOR	
	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc		\$60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is en	atus &
Registration of Division of P.O. Box (of Corporations	Registrati Division Clifton B 2661 Exe	T/COURIER ADI ion Section of Corporations building ecutive Center Circ see, FL 32301		

TO ARTICLES OF ORGANIZATION OF

Mulberry L	Kids, LNC
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liabi	ility Company were filed on and assigned
This amendment is submitted to amend the following	ing:
A. If amending name, enter the new name of th	ne limited liability company here:
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:
(Principal office address MUST BE A STREET A	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new
	LAHA
Name of New Registered Agent:	\(\sigma_{\sigma}\)
New Registered Office Address:	
	Enter Florida street address
	, Florida 🚎 🚾
	City F. 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>AMBR</u>	Tara Wexler	3377 Landing CT	Add
		3377 Landing CT Palm Harbor FL 3468	Remove
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(If an ef Note:	ve date, if other than the date of filing:	filing.) Pu	arsuant to	605.0207 (3)(b isted as the
	ord specifies a delayed effective date, but not an effective time, at 12:01 and 90th day after the record is filed.	a.m. on	the ea	rlier of:
Dated	August 11th, 2017.			
	Signature of a member or authorized representative of a member	·		
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Page 3 of 3

Filing Fee: \$25.00