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DIVISION OF CORPORATIONS

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COVER LETTER

TO: Registration So Division of Co			
my10sfrie			
SUBJECT:	Name of Limi	ited Liability Company	<u>.</u>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Eric Kent		
	-	Name of Person	
	my10sfriends LLC		
		Firm/Company	
	9284 Rutledge Avc		
		Address	
	Boca Raton Fl 33434		
	Eric@my10sfriends.com	City/State and Zip Code	
For further information	E-mail address: ()	to be used for future annual report notifi	cation)
Eric Kent	•	561 420-2230	
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

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DIVISION OF CORPORATIONS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

my10sfriends LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on ited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Comp Florida document number $\frac{1.18000002001}{1.18000002001}$.	oany were filed on Jan 03.	2018 and assigned
This amendment is submitted to amend the following:		į
A. If amending name, enter the new name of the limited	liability company here:	1
The new name must be distinguishable and contain the words "Limited	Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u>s)</u>	
Car and an although the same than the same t		SECRE 18 JAN
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		r records, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		1
	Enter Florida street address	
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent and I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	l agree to act in this cape plete performance of my t as provided for in Chap	duties, and I am familiar with and open 605, F.S. Or, if this document is
-	Changing Registered Agent,	Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Eric Kent	9284 Rutledge Ave	■ Add
		Boca Raton Fl 33434	Remove
		 	Change
			Remove
			Change
			
			Remove S
			DARETARY OCH CARETARY
			ORFO
			TAIL REPOVE PR
			☐ Change
			
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Sective date, if other than the neffective date is listed, the date muster: If the date inserted in this becument's effective date on the E	t be specific and cannot be prior to date of filing or mo ock does not meet the applicable statutory filing	(optional) re than 90 days after filing.) Pursuant to 605.4 requirements, this date will not be lister
record specifies a delaye The 90th day after the rec	l effective date, but not an effective tir ord is filed.	me, at 12:01 a.m. on the earlie
January 10	2018	
ted	<u> </u>	
la de la companya de	of and	
	Signature of a member or authorized representative of	of a member

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Filing Fee: \$25.00