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SECKLIAN SHATE TALLAGASSEFFE

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COVER LETTER

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erib ti	LONDADS		•	
SUBJI	ECT:		ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	indence concerning this matter	to the following:	
		MARSHA SIHA		
		INCFILE.COM LLC	Name of Person	····
		17350 STATE HWY 249 S	Firm/Company STE 220	
		HOUSTON, TX 77064	Address	
		EFILE1234@INCFILE.CO	City/State and Zip Code M	
		E-mail address: (to be used for future annual report notif	ication)
For fu	rther information c	oncerning this matter, please ca	all:	
MARS	SHA SIHA		855 829-9090 at ()	
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclos	sed is a check for th	ne following amount:		
□ \$2	5.00 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:

TO:

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

FILED

2019 JAH 30 PM 2: 49 LONDAD'S LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) SLORETY: IT STATE The Articles of Organization for this Limited Liability Company were filed on $\frac{01/10/2018}{}$ and assigned Florida document number 1.18000008549 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: THE FAMOBLEY LLC The new name must be distinguishable and contain the words "Limited Liability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

__, Florida ___

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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-		Signature	of a member of	authorized re	presentative of	a member	_	

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Filing Fee: \$25.00