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COVER LETTER

Division of Corpo			
SUBJECT:	Weird Trees,	LLC	
>	Name of Limit	ed Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	dence concerning this matter to	o the following:	
	Jana	Reeder	
		Name of Person	
	Weird T	rees, LLQ	
		Firm/Company	
	<u>810 S.</u>	Jade Dr.	
	Key Lav	90, FL 33037 City/State and 2p Code	
		"S. Shop egmail	
		be used for future annual report not	
For further information con	cerning this matter, please cal	U:	
Jana Re	reder	at (801), 919-	9174
Name of F	Person		ne Telephone Number
Enclosed is a check for the	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)
	G ADDRESS: ion Section	STREET/COUR Registration Secti	
	of Corporations	Division of Corpo Clifton Building	
	see, F1. 32314	266 Executive C Tallahassee, FL 3	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Weird Trees, LLC	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	aby as it now appears on our records.) Diability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 1800014513</u> .	were filed on <u>02 /01 /2018</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	bility company here:
	8 FM
The new name must be distinguishable and contain the words "Limited Liab" Enter new principal offices address, if applicable:	Company, the designation LLC or the aboreviation LLC PARTY
(Principal office address MUST BE A STREET ADDRESS)	TO E CO
	7 LORIDE
Enter new mailing address, if applicable:	* >
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her Name of New Registered Agent:	office address on our records, <u>enter the name of the new</u> re:
Name Boundaries Address	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agrovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	provided for in Chapter 605, F.S. Or, if this document is
If Cha	nging Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending or removed	g Authorized Person(s) authorized to ma from our records:	mage, enter the title, name, and address of ca	ch person_being added
MGR = M AMBR = A	lanager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
MR. MORTADA ABDULR	MORTADA ABDULRADHA	1314 W. Kingspointe LN SLC, UT 84119	
		SLC UT 84119	Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
	 		Add
			Remove
			Change
			□ Add
			☐ Remove
			Change
			Remove
			Change

If amending any other information, enter change(s) here:	(Attach additional sheets, if necessary.)	
·		
	18 F	SECR
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	TR. C. F.	127 107
	7:14	TATES I
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	<u> </u>	
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.		
he record specifies a delayed effective date, but not The 90th day after the record is filed.	an effective time, at 12:01 a.m. on the earlier	of:
Dated February 6th, 2018	-	
Signature of a member or authori	ized representative of a member	
Jana Reeder		
Typed or printed	name of signee	

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Filing Fee: \$25.00