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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Earthborn, LLC		
Name of Limi	ited Liability Company	
The enclosed Articles of Amendment and fee(s) are sub-	initted for filing.	
Please return all correspondence concerning this matter	to the following:	
	Name of Person	
Davy + A	1550ciates Accour	Hing + Tax, Inc.
5321 15t A	Address	
st Petersbu	enystate and Zip Code Seccounting Control to be used for future annual report noti	
E-mail address (to be used for future annual report not	fication)
For further information concerning this matter, please co	all:	
Dol'. A Day y Name of Person	at (<u>121</u>) <u>520 -</u> Area Code Daytin	1980 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)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Co	on rations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Earthborn, LLC		
(Name of the Limited Liability Compar (A Florida Limited L	iv as it now appears on our recordiability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>L18</u> 00031331	were filed on <u>1(29/18</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
Nla		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	_N/a	
(Principal office address MUST BE A STREET ADDRESS)		18
		- 8 CAL
Enter new mailing address, if applicable:	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		—————————————————————————————————————
		<u>3</u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ds, <u>enter the name of the nev</u>
Name of New Registered Agent: U(Q_		
New Registered Office Address:	****	
	Enter Florida street addre	PASS
·	City.	ToridaZip Code
New Registered Agent's Signature, if changing Registered Agent:	•	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. If performance of my duties, o provided for in Chapter 605	ind I am familiar with and , F.S. Or, if this document is
	/ <u>()</u> nging Registered Agent. <u>Signatur</u>	e 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 Type of Action Address Title <u>Name</u> William Chen 1923 Bayshore Court PAdd Safety Harbor, FL 34695- 1 Remove 212) _____ Change AMBR terneth Watts 6904 Buhrley Terrace N DAdd

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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 date of filing or more than 90 days after filing.) Pursu Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	
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e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on th The 90th day after the record is filed.	e earlier
ated 6 5 18	
Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00