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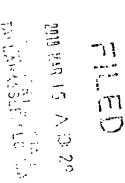
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COVER LETTER

Division of Co				
SUBJECT:	THE PRADUCT	EXPENSENCE, LC		
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Hun	TER HAYDEN		
		Name of Person		
		Firm/Company		
	4 <u>0/4</u>	310 OLD KINGS RD SOUTH	1 \$1702	
		Address	22 22	٦
	JA	City/State and Zip Code		4 40 40
	. /	SALES THESE TO be used for future annual report notif	سي الرمني ال	TOM
For further information c	concerning this matter, please c		[5] [5] [7] [7]	
HUNTER		at (<u>904</u>) <u>742</u> Area Code Daytino	2658	
Name (of Person	Area Code Daytime	e Felephone 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 Fallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Fallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE PE	PODUCT EXPERIENCE, LLC			
(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 Liab Florida document number <u>480000 4408</u> 2	oility Company were filed on <i>2/19/18</i> 3		and as	signed
This amendment is submitted to amend the follow	ring:			
A. If amending name, <u>enter the new name of th</u>	he limited liability company here:			
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or	the abbrev	iation "I	I.,C."
Enter new principal offices address, if applicab	ele:		_	
(Principal office address MUST BE A STREET)	ADDRESS)			
				
Enter new mailing address, if applicable:		- -		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>			
		<u> </u>	22	
			٠.<	~13
The state of the s	registered office address on our records, e	enter the	<u>nāme</u>	of-the nev
registered agent and/or the new registered offic	<u>:e_aouress nere</u> :	. برن ت	ា	71.4
		<u>.</u> '	>	111
Name of New Registered Agent:		.,-	.	<u> \</u>
New Registered Office Address:			رة	
	Enter Florida street address	1.	:>	
	, Floric	da		
	City		lip 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

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 = Au	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Asheigh Elam	11 East FOYSYTh St	O Add
		Jax, fl, 322.2	□ Remove
		AMBR	hange
2	Hunter Hayden	9310 old Kinge 1285	Add
		<u>Suite 1702</u>	Remove
		Jacksonville fl 3725	<mark>)</mark> □ Change
			□ Add
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Filing Fee: \$25.00