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## **COVER LETTER**

TO: Registration So Division of Cor			
St Augusti:	ne Moms Blog LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Brandie L. Andreoli		7.67
		Name of Person	
	St. Augustine Moms Blog	LLC	2020 JUN 10' PM 3: 17
		Firm/Company	30 <b>0</b>
	580 East Kesley Lane		
		Address	25 E
	St. Johns, FL 32259		· <i>y</i> '
		City/State and Zip Code	<del>-</del>
	brandie@staugustinemoms		·
For further information of	concerning this matter, please c	to be used for future annual report notif	ircation)
Brandie Andreoli	solice in grand in the product of	561 319-1243	
Name of Person			e Telephone Number
Carl a Para to Life as	L Charles and		
Enclosed is a check for t	<u> </u>		<b>-</b>
□ \$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 Addre		Street Address:	
Registration Section Division of Corporations		Registration Sec Division of Cor	
P.O. Box 6327		The Centre of T	•
Tallahassee,	FL 32314	2415 N. Monroo Tallahassee, FL	e Street, Suite 810 32303

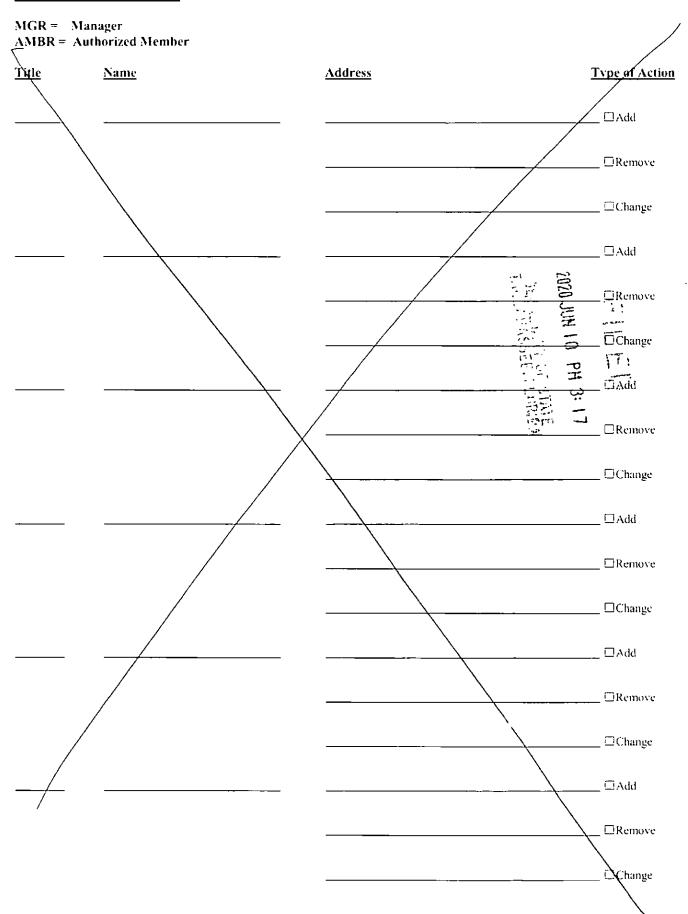
## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

St. Augustine Moms Blog LLC	11:12:0	••	
(Name of the Limit	(A Florida Limited	any as it now appears on our reco Liability Company)	<u>ras.</u> )
he Articles of Organization for this Limited Li lorida document number L18000138431	ability Company	were filed on June 4, 2018	and assigned
nis amendment is submitted to amend the follo	owing:		
. If amending name, enter the new name of	the limited liab	oility company here:	
st. Augustine Moms LLC			2021
he new name must be distinguishable and contain the w	ords "Limited Liab	ility Company," the designation "LI	LC" or the abbreviation "L.L.C."
nter new principal offices address, if applic	able:	N/A	10 10
Principal office address MUST BE A STREE	T ADDRESS)		
nter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	N/A	2. A.
. If amending the registered agent and/or r gent and/or the new registered office address Name of New Registered Agent:		address on our records, <u>ent</u>	er the name of the new regist
Nine Business I October Alles	N/A		·
New Registered Office Address:		Enter Florida street addr	ress
		1	Florida
	_	City	Zip 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person\_being added or removed from our records:



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fective date, if other than the date of fi on effective date is listed, the date must be specific	ing:	of films or more than 90 da	(optional)	ercount to 605	CHÝC
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ocument's effective date on the Department of	of State's records.				
record specifies a delayed effective date, but	not an effective time, at	12:01 a.m. on the earlier	of: (b) The 9	Oth day after	r the
is filed.			,	·	
ned June 8	2020				
<u> </u>	, 0				
	1/ < 1				

Filing Fee: \$25.00

Typed or printed name of signee

Brandie L. Andreoli