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SECRETARY OF STATI

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COVER LETTER

D: Registration Section Division of Corporations	
Name of Limited Liability Company	
e enclosed Articles of Amendment and fee(s) are submitted for filing.	
ease return all correspondence concerning this matter to the following:	
SUBJECT: Rachel L Sultzer, LLC	
Addies	
Jacksonville, FL 32205 City/State and Zip Code Rachele hugs and Snuas, com E-mail address: (to be used for future annual report partification)	
r further information concerning this matter, please call:	
iclosed is a check for the following amount:	
Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy	itus &

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 **Street Address:**

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO FILED ARTICLES OF ORGANIZATION

OF

2022 MAR 31 PM 7: 52

ROCHEL SUITZER, (Name of the Limited Liability Compar	LLC	SECRETARY OF STATE
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on iability Company)	ourragerds.HASSEE, FL
The Articles of Organization for this Limited Liability Company Florida document number <u>L/80()0/(040</u> 7/	were filed on 7/	U/2018 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:	
HUGS and Shugs LLC The new name must be distinguishable and contain the words "Limited Liabili		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our recor	ds, enter the name of the new registered
Name of New Registered Agent: N/A	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address: N/A		
	Enter Florida s	treet address
<u></u>		, Florida
	City	Zip Code
New Degistered Agent's Signature if changing Degistered 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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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reffecti <u>te:</u> If t	date, if other than the date of filing:	95.020 sted a
cord sp s filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aff	ter the
ed <u></u>	Narch 29, 2022.	
	January 11	
	Rachel Sultzea Typed or printed name of signee	