L18000168238

(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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(Document Number)				
Certified Copies Certificates of Status				
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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	10	=		
ARTIC		RGANIZATI	ON 25	FILE
	Ol		* JUN	20
Treat Yourself! LLC			The Party of the State of the S	129 4H & 33
(Name of the Limited I	Liability Compan Florida Limited Li	y as it now appears (ability Company)	on our records.) 📆	EL PLORIDE
The Articles of Organization for this Limited Liabi	ility Company v	were filed on July	12, 2018	and assigned
Florida document number L18000168238	·			•
This amendment is submitted to amend the following	ing:			
A. If amending name, enter the new name of th	e limited liabil	lity company here	<u>e</u> :	
The new name must be distinguishable and contain the word	s "Limited Liabili	ty Company," the des	ignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:			
(Principal office address MUST BE A STREET A	ADDRESS)			·
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u>(X)</u>			
				<u> </u>
B. If amending the registered agent and/or regi	stered office a	ddress on our rec	ords, enter the na	me of the new registere
agent and/or the new registered office address h	<u>iere</u> :			
Name of New Registered Agent:				
New Parietand Office Address				
New Registered Office Address:	. ,	Enter Florida	a street address	
			. Florida	
_		City		Zip Code
New Registered Agent's Signature, if changing Reg	istered 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
AMBR	Brittany Aburto	4817 34th St W	□Add
		Bradenton, FL 34210	■Remove
			□Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Chapao

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated

Dated

June 27

Dated

Signature of a member or authorized representative of a member

Ademid Aburto Betancourt