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COVER LETTER

TO:	Registration Section Division of Corpor							
SUBJE	СТ:	E.D.B	Fairy Name of Lim	DUST ted Liability Comp	Buster	S UC		
The enc	closed Articles of An	iendment and fe	ce(s) are subt	nitted for filing.				
Please r	return all corresponde	ence concerning	this matter t	to the following:				
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	-	E-mail address: (to be used for future annual report notification)						
For furt	her information cone	erning this mat	ter, please ca	11:	·		SEP 13 PH 2: 47	**************************************
	Athena	Alexan	dre	ar (30S	5, 799	6829	Ç,	
	Name of Pe			Area Co	ode Daytime	Telephone Number		
Enclose	d is a check for the f	ollowing amou	nt:					
\$ 25	.00 Filing Fee	(additional copy is enclosed) Certified (of Status &		
	MAILINO Registratio	G ADDRESS: on Section			TREET/COURIE			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

F.D.B. Fairy	Dust Busters LC
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L\8000\8054</u> 7	ere filed on 7/26/18 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability GIRLTE	LLC
The new name must be distinguishable and contain the words "Limited Liability	, , , , , , , , , , , , , , , , , , ,
Enter new principal offices address, if applicable:	aan NW 6 Ave
(Principal office address MUST BE A STREET ADDRESS)	Miami Pl 33/27
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1576 NE 205 ter # 710 Nuami Fl 33179
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here: Name of New Registered Agent:	SEP I
-	Sign of the second seco
New Registered Office Address:	Enter Florida street address , Florida
Non- Denistand Agent's Signature if shoughs Degistered Agent.	City Zip 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 pe	

If Changing Registered Agent, Signature of New Registered Agent

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:

MGR = Manager

AMBR =	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Typed or printed name of signee

Page 3 of 3 Filing Fee: \$25.00