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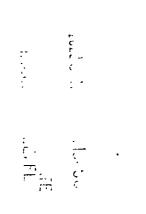
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A. BUTLER FEB - 1 2022

COVER LETTER

TO:

Registration Section

Division of Cor	porations	*	
	ARFIDLIF	E. LLC	
SUBJECT:	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:	
	MARY	LOUISE PURTLE	
		Name of Person	
	 .	Firm/Company	
	3037 (OLDE COVE WAY Address	
		Address	
	NAPLE	S FL 34119	
		City/State and Zip Code	6 0.0.
	LOUISE E-mail address: (PURTLE O MSN to be used for future annual report notif	· COM
For further information c	concerning this matter, please c		
MARY LO	UISE PURTLE	at (239) 404- Area Code Daytime	5768
Name o	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	he following amount:		
Xi \$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)
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Sec	etion
Division of C		Division of Corp	
P.O. Box 632	27	The Centre of T	
Tallahassee	FI 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARFIDLIFE, LLC	with the book
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company w Florida document number <u>L18 000182323</u>	vere filed on $\frac{\partial 7}{\partial 3}/78$ and assigned
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability $LOUISE$ $PURTLE$, LLC	ity company here:
he new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)	NO CHANGE
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	NO CHANGE
 If amending the registered agent and/or registered office adgent and/or the new registered office address here: 	ddress on our records, enter the name of the new regist
Name of New Registered Agent:	NO CHANGE
New Registered Office Address:	Enter Florida street address
	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 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:

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
			□Change
			\Add
			□Remove
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Filing Fee: \$25.00