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### **COVER LETTER**

TO: Registration Section Division of Corpor		
SUBJECT:	Love Me Solutions, LLC Name of Limited Liability Company	
The enclosed Articles of Am-	nendment and fee(s) are submitted for filing.	
Please return all corresponde	ence concerning this matter to the following:	
	Raphael Bones Name of Person	
	Love Me Solutions, LLC Firm/Company	
•	12048 Talitha Ln	
	Orlando, FL 32827	
_	City/State and Zip Code  admin @ /Uvemesolutions-com  E-mail address: (to be used for future annual report notification)	
For further information conce	erning this matter, please call:	
Raphael	rson at (407) 906-6973 Area Code Daytime Telephone Number	
Name of Per	rson Area Code Daytime Telephone Number	<del></del>
Enclosed is a check for the fo	ollowing amount:	
□ \$25.00 Filing Fee □	(additional copy is enclosed) Certified C	of Status &

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 ARTICLES OF ORGANIZATION **OF**

	clutions, CLC-
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number	pany were filed on $\frac{j/3/2019}{7}$ and assigned
A. If amending name, enter the new name of the limited	liability company here:
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	j2048 Talitha LM Orlando, FL 32827
(Principal office address MUST BE A STREET ADDRES	orlando, FL 32827
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	12048 Talitha Ln Orlando, FL 32827
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	Raphael Bones
New Registered Office Address: 1204	Raphael Bones 8 Talitha Ln Enter Florida street address
	Orlando , Florida 32827
New Registered Agent's Signature, if changing Registered Ag	gent:

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 127 8: 57	Type of Action
MGR	Yahdira Rodriguez	12505 Upper Harden	
	_	Ave. Orlando FL 32829	l Remove
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`an effecti <del>Vote:</del> If '	date, if other than the date of filing:
record s d is filed	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	July 29 2020