| (Re                     | questor's Name)   |             |
|-------------------------|-------------------|-------------|
| (Ad                     | dress)            |             |
| (Ad                     | dress)            |             |
| (Cit                    | y/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu                     | siness Entity Nan | ne)         |
| (Do                     | cument Number)    |             |
| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   |             |
|                         |                   |             |
|                         |                   |             |
|                         |                   |             |

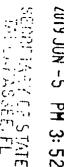
Office Use Only



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## **COVER LETTER**

TO:

| то:            | Registration Se<br>Division of Cor |   |   | P   |
|----------------|------------------------------------|---|---|---|
| SUBJE          | Abbic and                          | Me LLC  |   |   |
| 30002          | C1                                 | Name of Lin   | nited Liability Company   | <del></del>   |
| The enc        | losed Articles of                  | Amendment and fee(s) are sub                        | omitted for filing.   |   |
| Please re      | etum all correspo                  | ondence concerning this matter                      | to the following:   |   |
|                |                                    | Abbie Rocker  |   |   |
|                |                                    | Abbie and Me LLC                                    | Name of Person  |   |
|                |                                    | 1541 E Irlo Bronson Men                             | Firm/Company<br>norial Hwy  |   |
|                |                                    | Saint Cloud, FL 34772                               | Address   |   |
|                |                                    | Abbicmarje91@yahoo.com                              | City/State and Zip Code   |   |
|                |                                    |   | to be used for future annual report notif                           | lication)   |
| For furth      | er information c                   | oncerning this matter, please ca                    | all:  |   |
| Abbie I        | Rocker                             |   | 407 927-6714  |   |
|                | Name o                             | f Person  |   | e Telephone Number  |
| Enclosed       | l is a check for th                | ne following amount:                                |   |   |
| <b>ජ</b> \$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,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|                | Registr                            | ING ADDRESS:<br>ation Section<br>on of Corporations | STREET/COURI<br>Registration Section<br>Division of Corpor          | n   |

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**

| Abbie and Me LLC  |   |                       |
|---|---|-----------------------|
| (Name of the Limited Liability Compa<br>(A Florida Limited I  | ny as it now appears on our records.)<br>Clability Company) | <del></del>           |
| The Articles of Organization for this Limited Liability Company   | were filed on Jan 15, 2019                                  | and assigned          |
| Florida document number L19000017411  |   |                       |
| This amendment is submitted to amend the following:   |   |                       |
| A. If amending name, enter the new name of the limited liab   | ility company here:   |                       |
| The new name must be distinguishable and contain the words "Limited Liabi   | lity Company," the designation "LLC" or the                 | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   | 1541 E Irlo Bronson Memorial Hwy                            |                       |
| (Principal office address MUST BE A STREET ADDRESS)   | Saint Cloud, FL 34771                                       |                       |
|   |   | <b>2019</b>           |
| Enter new mailing address, if applicable:   | 1541 E Irlo Bronson Memorial Hwy                            | Sur Sur Ti            |
| (Mailing address MAY BE A POST OFFICE BOX)  | Saint Cloud, FL 34771                                       | > 0 U                 |
| · · · · · · · · · · · · · · · · · · ·   |   | 44 P                  |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | ffice address on our records, <u>enter</u><br><u>e</u> :    | r the name of the no  |
| Name of New Registered Agent:   |   |                       |
| New Registered Office Address:  |   |                       |
|   | Enter Florida street address                                |                       |
|   | , Florida   |                       |
|   | City  | Zip Code              |

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><br>William Rocker | Address                               | Type of Action |
|--------------|-------------------------------|---------------------------------------|----------------|
| MGR          |                               |                                       | □ Add          |
|              |                               | PO Box 700607 Saint Cloud FL<br>34770 | _ ■ Remove     |
|              |                               |                                       | Change         |
|              |                               |                                       | Add            |
|              |                               |                                       | Remove         |
|              |                               |                                       | ☐ Change       |
|              |                               | ·                                     |                |
|              |                               | -                                     | Remove         |
|              |                               |                                       | Change         |
| •            |                               |                                       | Add            |
|              |                               |                                       | Remove         |
|              |                               |                                       | ☐ Change       |
|              |                               |                                       |                |
|              |                               |                                       | Remove         |
|              |                               |                                       | □ Change       |
|              |                               |                                       | D Add          |
|              |                               |                                       | Remove         |
|              |                               |                                       | Change         |

| If an effective<br>Note: If th | date, if other than the date of filing:   |
|--------------------------------|---|
| he record<br>The 90t           | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier th day after the record is filed. |
| Dated May                      | Abbie Marie Rocker  |
|                                | Abbie Marie Rocker  |
| -                              | Signature of a member or authorized representative of a member  |
|                                | <b></b>   |

Page 3 of 3

Filing Fee: \$25.00