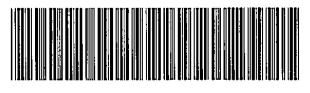
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COVERLETTER

Registration Section
Division of Corporations

TO:

ABeccca, I SUBJECT:	LLC		
30 5 0 ECT.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Rebecca Fixel		
		Name of Person	
	ABecca, LLC		
		Firm/Company	
	3068 Jacob Flxel Court		
	<u> </u>	Address	
	Jacksonville, Florida 3225	7	
		City/State and Zip Code	
	info@beccasbling.com		
	E-mail address: (to be used for future annual report not	ification)
For further information e	concerning this matter, please c	all:	
Rebecca Fixel		904 703-5860 at ()	
Name o	i Person		ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	S30.00 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)
Mailing Addres Registration S Division of C	Section Corporations	Street Address: Registration So Division of Co	rporations
P.O. Box 632 Tallahassee, l		The Centre of 2415 N. Monro	Fallahassee oe Street, Suite 810

Tallahassee, FL 32303

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ABeccca, LLC		
(Name of the Limited (A	Liability Company as it now appears on ou Florida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liab	ility Company were filed on 1-25-2019	and assigned
Florida document number L19000027119		
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
ABecca, LLC (only 2 C's not 3 C's)		
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET A		
		20
		· 8
Enter new mailing address, if applicable:		HAY II
(Mailing address MAY BE A POST OFFICE BO)X)	
The state of the s		J I
B. If amending the registered agent and/or regi		enter the name of the new regist
agent and/or the new registered office address b	<u>wre</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
		, Florida
-	City	Zin 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 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

or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Actio
			□Add
			□Remove
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			Remove
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			□ Remove
			□Change

Wooding date of other than the date of City	7. P. D
Tective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of ote: If the date inserted in this block does not meet the applicable state ocument's effective date on the Department of State's records.	f filing or more than 90 days after filing.) Pursuant to 605.02
record specifies a delayed effective date, but not an effective time, at 12 is filed.	2:01 a.m. on the earlier of: (b) The 90th day after th
4-30-2020	
Rebucca Fixel	
Signature of a member or authorized rep	resentative of a member

Filing Fee: \$25.00