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COVER LETTER

| TO: Registration Section Division of Corporation | ıs |
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| SUBJECT: ROTOS BE | Same of Limited Liability Company |
| The enclosed Articles of Amendm | nent and fee(s) are submitted for filing. |
| Please return all correspondence of | concerning this matter to the following: |
| | Rochelle Williams Name of Person Limited Liability Company Firm/Company |
| | 377 Somerset Dr Somerset Dr Address |
| <u>Pe</u> | Nacola FL 32526 City/State and Zip Code Roros dot co @ Gmonil. Com E-mail address: (to be used for future annual report notification) |
| For further information concerning | |
| Prochelle William Name of Person | at (808) 429 568 Area Code Daytime Telephone Number |
| Enclosed is a check for the follow | ing amount: |
| | 0.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address: Registration Section | Street Address: Registration Section |

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

| Roro's Boutique | LLC | |
|---|--|--------------|
| (Name of the Limited Liability Com (A Florida Limite | ipany as it now appears on our records.) ad Liability Company) | |
| The Articles of Organization for this Limited Liability Compar Florida document number <u>L1900021555</u> . | ny were filed on July 28, 2022 and ass | igned |
| his amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: DRIARO LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation LLC." Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered | | |
| DRIARO LLC | | |
| The new name must be distinguishable and contain the words "Limited Lia Enter new principal offices address, if applicable: | 72 AUG | 7 |
| (Principal office address MUST BE A STREET ADDRESS) | ded Liability Company as it now appears on our records. (A Florida Limited Liability Company) and assigned 21555 following: the of the limited liability company here: the words "Limited Liability Company," the designation "LLC" or the abbreviation L.L.C." pplicable: REET ADDRESS) CCE BOX) for registered office address on our records, enter the name of the new registered | |
| Enter new mailing address, if applicable: | SSEC. FIL | 3 |
| (Mailing address MAY BE A POST OFFICE BOX) | - Fil | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | e address on our records, <u>enter the name of the nev</u> | v registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | <u>_</u> |
| | , 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:

| MGR = | Manager | |
|--------|------------|--------|
| AMBR = | Authorized | Member |

| <u>Title</u> | Name | Address | Type of Action |
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| Tective date, if other to the effective date is listed, the date inserted cument's effective date | e date must be specific in this block does n | and cannot be prior to t meet the applica | to date of filing or mo | (option re than 90 days after fi requirements, this o | ling.) Pursuant to 6 | 05.0207 sted as 1 |
| record specifies a The 90th day after | | | an effective ti | me, at 12:01 a. | m. on the ear | lier of |
| red July 28, | 2022 | | <u> </u> | | | |
| | | | rized representative of | | | |