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SECRETARY OF STATE.

Y SULKER OCT 3 0 2019

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Get Stuff Doyle, LLC. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kimberty C. Welfe Name of Person
Get Stuff Day LLC Firm/Company
214 S. 2nd Street
Santa Rosa Beach FL 32459
City/State and Zip Code Get Stuff done II Ca Gwaul Com E-mail address: (to be used for future annual report portification)
For further information concerning this matter, please call:
XIMBERTURE WOLFE at (321), 584-4048 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25,00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Box Solution Bloom Status \$\Bigcup \$25,00 Filing Fee & Box Solution Bloom Status \$\Bigcup \$25,00 Filing Fee & Box Solution Bloom Status \$\Bigcup \$25,00 Filing Fee & Box Solution \$\Bigcup \$25,00 Filing Fee & Box Solution Status \$\Bigcup

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(set Stuff.	Done LLC
(Nume of the Limited)	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liabi	S
This amendment is submitted to amend the following	ing:
A. If amending name, enter the new name of th	e limited liability company here:
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the abbreviation "L,L,C,"
Enter new principal offices address, if applicabl	e:
(Principal office address MUST BE A STREET A	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u></u>
	ALL.
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address 57 2
-	, 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 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
MAR	Esther Campbell	1911 Old Alturas Rd #17	BAdd
		Kedding CA 94003	□ Remove
			🗆 Change
AR	Havon Wolse	214 S. 2nd Street Santa Xcsa Bch FI	D Add
		Santa Kosa Boh Fl	Remove
		32459	Change
			🗖 Add
			🗆 Remove
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Judourly C. Weste	``	Crtabes 8 2019
Signature of a member or authorized representative of a member	Dated _.	<u> </u>
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Visibert (1 11) also		Signature of a member or authorized representative of a member
		V. Maria (1 11) (15e

Page 3 of 3

Filing Fee: \$25.00