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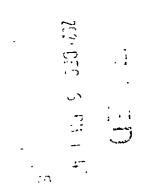
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| PICK-UP WAIT MAIL                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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A. BUTLER DEC 1 6 2021

## **COVER LETTER**

| Division of Corporation           | ons                                      |   |   |
|-----------------------------------|--|---|---|
| SUBJECT: Changi                   | ng My H<br>De Name of Limit<br>De SIN-CS | ted Liability Company  S account  | ame. So I dan   |
| The enclosed Articles of Amend    | ment and fee(s) are subr                 | nitted for filing.  |   |
| Please return all correspondence  | concerning this matter t                 | o the following:  |   |
| <u> </u>                          | atoya W                                  | Name of Person  | <del></del>   |
| $\Theta$                          | ddictive                                 | COVES<br>Firm/Company   |   |
| <u> 7</u>                         | Hel Oyn                                  | Walters Circ  | le  |
| <u> </u>                          | coce T-                                  | City/State and Zip Code  SMS Q MC4   Co be used for future annual report notifications. | ation)  |
| For further information concerni  | ng this matter, please ca                | 11:   |   |
| LCTUGA WIL                        | Jans-Boj                                 | at (321) HOO - Area Code Daytime T  | Celephone Number  |
| Enclosed is a check for the follo | wing amount:                             |   |   |
| □\$25.00 Filing Fee □\$           | 30.00 Filing Fee & Certificate of Status | □ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)                     | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mullimus Addminus                 |  | Sec. 4.4.11   |   |

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

| Addictive Lo   | ishes                              | L-, L-, C                                       | Ĩ.                                   | <u> 12 000 - 5 000</u> | !,           |
|--|------------------------------------|---|--------------------------------------|------------------------|--------------|
| (Name of the Limit   | ed Liability Co<br>(A Florida Limi | mpany as it now appea<br>ted Liability Company) | rs on our records                    | <u>.</u> )             |              |
| The Articles of Organization for this Limited L. Florida document number | iability Comp                      |   | 2/15/                                | 36 G and as            | signed       |
| This amendment is submitted to amend the following                       | owing:                             |   |                                      |                        |              |
| A. If amending name, enter the new name of                               | f the limited                      | liability company h                             | ere:                                 |                        |              |
| The new name must be distinguishable and contain the w                   | ords "Limited I                    | iability Company," the                          | lesignation "LLC"                    | or the abbreviation "L | .L.C."       |
| Enter new principal offices address, if applic                           | able:                              |   | <u> </u>                             |                        |              |
| (Principal office address MUST BE A STREE                                | T ADDRESS                          | <u> </u>  |                                      |                        |              |
| Enter new mailing address, if applicable:                                |                                    |   |                                      |                        |              |
| (Mailing address MAY BE A POST OFFICE                                    | BOX)                               |   |                                      |                        |              |
| B. If amending the registered agent and/or r                             | egistered off                      | ice address on our i                            | ecords, enter t                      | he name of the ne      | w registered |
| agent and/or the new registered office addre                             | ss here:                           |   |                                      |                        |              |
| Name of New Registered Agent:  New Registered Office Address:            | LaTo<br>5050                       | yalojl<br>SUS                                   | LICUMS -<br>Highurida streed address | Boyd<br>xuy 170        | 12           |
|  | Casse                              | 1 berry   | , Flo                                | 211                    | 2_           |

## 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

| Title N- O  | <u>Name</u>         | Address                                  | Type of Action             |
|-------------|---------------------|--|----------------------------|
|             | Latya Williams Boyd | 550 S US Highway 1792 cassel beny 47     | _ 12/102                   |
|             |                     | 5050 S US Highwa<br>1799 asselberry Fl 3 | — □Change  U               |
|             |                     |  | <b>∑</b> Remove<br>□Change |
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| fan effei<br><u>Note:</u> I | tive date, if other than the date of filing: (optional) (optional) (tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as that's effective date on the Department of State's records. |
| record<br>d is file         | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.   |
| Dated _                     | 1010116101  |
|                             |   |
|                             |   |
|                             | Signature of a member or authorized representative of a member  |