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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

. Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DORA CAPITAL PARTNERS LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DORA CAPITAL PARTNERS		
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C		and assigned
Florida document number L19000065522	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
FOLLOW ME GLOBAL LLC		<u>.</u>
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD.	RFSS)	2027
Trincipal office data ess most be A STREET		HAA
		R TAN
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		1.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4
New Registered Office Address:		
	Enter Florida street address	
	, Floric	
	City	Zip Code
New Registered Agent's Signature, if changing Register	red 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 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>	Address	Type of Action
AMBR	ANA PETROVIC-VUKICEVIC	7901 4TH ST N STE 300	□Add
		ST. PETERSBURG, FL 33702	🔀 Remove
			□ Change
AMBR	Tanja Tapuskovic	5400 Bates Street	X IAdd
		Seminole , Fl 33772	□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
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			□Remove
			□Change

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fective date, if other than the dat in effective date is listed, the date must be ote: If the date inserted in this block beument's effective date on the Depar	does not meet the applica	able statutory filing requi	(optional) 190 days after filing.) Pursuant rements, this date will not b	to 605.020 be listed as
ecord specifies a delayed effective da is filed.	ate, but not an effective ti	me, at 12:01 a.m. on the	earlier of: (b) The 90th da	y after the
1ed 03/24	2022			
		_		
Rilun F	nature of a member or author			

. . . .

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