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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: WOMAN WHAT AM SHON 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:
CHUNDILUNG METNER
PESFORMIFFED Commence DCLEANIFFIC
424 PECASH (FB) Address
City/State and Zip Code
E-mail address: (to be used for fujure annual report notification)
For further information concerning this matter, please call:
Name of Person at Sel 3910 - 817 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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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

(Name of the Limited Liability (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number 1900004	Company were filed on 3/11/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	ORESS)
Enter new mailing address, if applicable:	29 TT
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office add	istered office address on our records, enter the name of the new dress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	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

	ing Authorized Person(s) au ed from our records:		\sim	1 ~	1
MGR = AMBR =	Manager Authorized Member	marling	Address (Churston FI	33440
	Hunterlung Melner		Address 434 Pochish	19R	Type of Action Add
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an effec <u>lote:</u> Ti	e date, if other than the date of filing:
reco The 9	and specifies a delayed effective date, but not an effective time, at $12:01~a.m.$ on the earlier of 00th day after the record is filed.
ated _	4/24/2019,4:57pm.
	took B
	Signature of a member or authorized representative of a member