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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
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COVER LETTER

TO:	Registration So Division of Cor				
	SWEAXY	BEAST, LLC.			
SUBJ	ECT:	Name of Lim	ited Liability Company		
The en	closed Anicles of	Amendment and fee(s) are sub-	mitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		MONIQUE GORSUCH			
		SWEAXY BEAST, LLC.	Name of Person		
			Firm/Company	 	
		109 DINNER LAKE AVE	•		
			Address		
		LAKE WALES, FL 33859			
		GORSUCH95@HOTMAII	City/State and Zip CodeCOM		
		E-mail address: ()	o be used for future annual r	eport notification)	·
For fur	ther information c	oncerning this matter, please ca	ill:		
MON	QUE GORSUCH		561 215	8030	
	Name o	f Person	at () Area Code	Daytime Telephone	Number
Enclos	ed is a check for th	ne following amount:			
□ \$2	5.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	nsed) Co	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
	Mailing Addres Registration S		<u>Street Ade</u> Registra	dress: tion Section	

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

					• -
(Name of the Limite)	Liability Compa A Florida Limited	ny as it now appears of Jability Company)	n our records.)	2	-
				14 Co. 1	17
e Articles of Organization for this Limited Lia	bility Company	were filed on		and assen	
orida document number 1.19000107374	·			6. 29 6. 29	
is amendment is submitted to amend the follow	ving:				>
If amending name, enter the new name of t	the limited liab	ility company here	:		
ORE THAN FINE, LLC					
e new name must be distinguishable and contain the wo	rds "Limited Liabi	ity Company," the desi	gnation "LLC" or t	he abbreviation "L.L.C	
ter new principal offices address, if applica	ble:	1070 MONTGOM	ERY RD #2207		
rincipal office address MUST BE A STREET		ALTAMONTE SP	RINGS, FL3271	4	
	111211111111111111111111111111111111111	 			
ter new mailing address, if applicable:					
ailing address MAY BE A POST OFFICE B	<u>OX)</u>			··	
ailing address MAY BE A POST OFFICE B	<u>0x)</u>				
ailing address MAY BE A POST OFFICE B	<u>OX)</u>		·		
If amending the registered agent and/or re	gistered office a	address on our reco	ords, <u>enter the</u>	name of the new re	egiste
If amending the registered agent and/or re	gistered office a	address on our reco	ords, enter the	name of the new re	egiste
If amending the registered agent and/or re	gistered office a	nddress on our reco	ords, <u>enter the</u>	name of the new re	egiste
If amending the registered agent and/or re	gistered office a	address on our reco	ords, <u>enter the</u>	name of the new re	egiste
If amending the registered agent and/or registered office address Name of New Registered Agent:	gistered office a	oddress on our reco	ords, <u>enter the</u>	name of the new re	egiste
If amending the registered agent and/or regent and/or registered office address	gistered office a	OMERY RD #2207	ords, <u>enter the</u>	name of the new re	egiste
•	gistered office a	OMERY RD #2207 Enter Florida		22711	egiste

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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□ Петюче
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
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			Пенюче
			□Change
			□Remove
			□Change

ffective date, if other than the date of filing:	_	
an effective 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 (lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to ocument's effective date on the Department of State's records. record 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 dis filed. Signature of a member or authorized representative of a member	_	
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