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CORPORATE ACCESS, _

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

| | PIC | CK UP: 5/3 LAUREN | |
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| | CERTIFIED COPY | | |
| ХX | РНОТОСОРУ | | |
| | CUS | | A C 22 |
| xx | FILING | AMENDMENT | <u> </u> |
| 1. | LEBENSART LLC (CORPORATE NAME AND DOC | IMENUT #) | |
| 2. | (COM ORATE NAME. AND DOC | OMENT #) | 3: 04 1: 6KHD/ |
| . | (CORPORATE NAME AND DOC | UMENT #) | |
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| SPECIA | L INSTRUCTIONS: | | |
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| LEBENSART LLC | | |
|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------|
| (Name of the Limited Liability Comp (A Florida Limited | pany as it now appears on our records I Liability Company) | |
| The Articles of Organization for this Limited Liability Compan | y were filed on April 24, 2019 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lia | bility company here: | |
| The new name must be distinguishable and contain the words "Limited Lial | bility Company," the designation "LLC" | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| Enter new mailing address, if applicable: | | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - |
| Mailing address MAY BE A POST OFFICE BOX) | | 0,10 |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address he | office address on our records. ere: | enter the name of the n |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | | |
| | City, Flo | ridaZip 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 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 |
|--------------|--------------------|--------------------------------------------|----------------|
| MGR | Juliane Schlueter | 917 Daffodil Drive Wellington, FL 33414 | Add |
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| Effective date, if other than t (If an effective date is listed, the date r Note: If the date inserted in this document's effective date on the | ust be specific and c block does not me | annot be prior to o | date of filing or more statutory filing | | ional) er filing.) Pursi is date will n | uant to 605.0201 101 be listed as |
| he record specifies a delay The 90th day after the re | ed effective da ecord is filed. | te, but not a | n effective tir | ne, at 1 2:01 | a.m. on th | ne earlier of |
| Dated May 3 | | 2019 | | | | |
| | - Park | - | | | | |
| | Signature of a mo | | ed representative o | (a member | | |

Page 3 of 3

Filing Fee: \$25.00