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Y. SCOTT
JUN 1 0 2023

COVER LETTER

TO: Registration Sect Division of Corpo	ion Prations		
SUBJECT: MIN	ds That	Matter 11 LLC	
The enclosed Articles of Ar	mendment and fee(s) are sub	omitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Julisa	Sal Machado	2
	Minds	That Matter	2023 APR 24
	11611 N	1W 57 Cour	† 24 T
	<u> Hial</u>	eah FL 330 City/Stale and Zip Code)12 PH 1:00
	E-mail/address: (to be used for future annual report noti	CAOLICOTO Gration)
For further information con	cerning this matter, please c	all:	
Name of P	lachado erson	at (<u>305</u>) <u>812</u> Area Code Daytim	-8878
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Sec		Street Address: Registration Sec	
Division of Cor P.O. Box 6327	•	Division of Cor The Centre of T	allahassee
Tallahassee, FL	. 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Minds That M				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records. Liability Company))		
The Articles of Organization for this Limited Liability Company Florida document number <u>LIGOOIT24</u> 7	were filed on $04 30 2$	2019 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab		202		
Minds That Ma The new name must be distinguishable and contain the words "Limited Liabil	tter LLC	or the abbreviation VI I C "V		
Enter new principal offices address, if applicable:	N/A	20		
(Principal office address MUST BE A STREET ADDRESS)	·			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	FL STAILE		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new registered		
Name of New Registered Agent:	NJA			
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 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>Address</u> Type of Action <u>Title</u> Name □Remove _ 🗆 Add __ □Change _ □Add _ □Remove _ □Add _ ⊟Remove _ DChange _ □Add Remove __ Change

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ffective date, if other	than the date of f	iling:			(optional)	
an effective date is listed, the	e date must be specific	e and cannot be pr	ior to date of filin	g or more than 90 da	rys after filing.)	Pursuant to 605,020
ocument's effective date	on the Department	of State's recor	ds.	ining requireme	mo, min date	
		a				001 3
record specifies a delaye I is filed.	d effective date, but	, not an effective	e time, at 12:01	a.m. on the carlie	rol: (b) The	90th day after th
l		2021	7			
hated OH/II	i	<u> </u>	<u>5</u> ,			
1						
-	Signature	of a member or a	thorized represen	itative of a member	··-	
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Filing Fee: \$25.00