## 119000129801

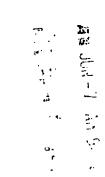
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

TO:

TO:	Registration Se Division of Cor			**************************************
	Dignity Ca	rds LLC		
SUBJEC	.T:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	.4
Please re	aum all correspo	ondence concerning this matter	to the following:	6,
		Christopher Blake		
		Dignity Cards LLC	Name of Person	
		1649 SW Day Street	Firm Company	
		Port Saint Lucie, FL 34953	Address	
		cblake@amethystrecovery.c	City/State and Zip Code	
For furth	er information c	E-mail address: ( oncerning this matter, please ca	to be used for future annual report not all:	fication)
Christop	iher Blake		772 446-5063	
	Name o	r Person	Area Code Daytin	ne Telephone Number
Enclosed	Lis a check for th	he following amount:		
<b>■</b> \$25.6	00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registi Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COUR Registration Section Division of Corpo Clifton Building	on

Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

	TO	
ARTICLES O	F ORGANIZATION	
	OF	
		War and the second
Dignity Cards LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our reconniced Liability Company)	<u>(ds.)</u>
The Articles of Organization for this Limited Liability Comp	oany were filed on 5/13/2019	and assigned
Florida document number 1.19000129801		•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u></u>	
	_	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
maning address SEAT DE STOST OFFICE DOXY	· · · · · · · · · · · · · · · · · · ·	
		<del></del>
B. If amending the registered agent and/or registere	d office address on our recor	ds, enter the name of the n
registered agent and/or the new registered office address		
Name of New Registered Agent:		
New Registered Office Address:		
The Winds Control of the Control of	Enter Florida street addre	exs
	ļ:	lorida
	City	lorida
New Registered Agent's Signature, if changing Registered Ag	ent:	
I hereby accept the appointment as registered agent and	agree to act in this canacity 14	ivither agree to comply with i

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
MGR	Robert Harris		
		6701 NW 33 Way Fort Lauderdale, FL 33309	Remove
			Change
MGR	Jarret Adamo		□ Add
		374 SE Naranja Ave. Port Saint Lucie, FL 34983	Remove
			Change
			Add
			Remove
			Change
			□ Remove
			☐ Change
			Add
			Remove
			Change
			Add
			□ Remove
			Change

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Note: If the date inserted in the	n the date of filing:  the must be specific and cannot be prior to come the applicable block does not meet the applicable be Department of State's records.	(optional) late of filing or more than 90 days after filing, e statutory filing requirements, this date	) Pursuant to 605.0207 (3), will not be listed as the
If the record specifies a del (b) The 90th day after the		in effective time, at 12:01 a.m.	on the earlier of:
June 5 Dated	2019		
	Christol 7 7 7 1	ed representative of a member	
<del></del>	Signature of a member or authorize	ed representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00