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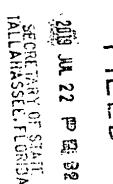
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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

Sheena M. Hall, PLLC SUBJECT: _ 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: Sheena M. Hall Name of Person SHEENA M. HALL, PLLC Firm/Company 1326 Pine Ridge Circle E. Address Tarpon Springs, Fl. 34688 City/State and Zip Code hallsheenabiz@gmail.com E-mail address; (to be used for future annual report notification) For further information concerning this matter, please call: 608-0508 Sheena M. Hall Daytime Telephone Number Name of Person Enclosed is a check for the following amount: S25.00 Filling Fee \$30,00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

> 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION A OF

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SHEENA M. HALL, PLLC

FILED

2013 JL 22 P 13 32

The Articles of Organization for this Limited Liab	bility Company w	ere filed on	06/05/2019 CIRE TAIR AND FUSSIONED	
Florida document numberL1900014963	5		TALLAHASSEE, FLORIDA	
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liabili	ty company here	:	
The new name must be distinguishable and contain the wor	rds "Limited Liability	· Company," the desi	gnation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicat	ble:			
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B)	<u>OX)</u>			
B. If amending the registered agent and/or registered agent and/or the new registered offi	•	ce address on c	ur records, <u>enter the name of the nev</u>	
Name of New Registered Agent:				
New Registered Office Address:				
New Registered White Audress.	Enter Florida street address			
			Florida	
		City	Zıp Code	
New Registered Agent's Signature, if changing Re	gistered Agent:			
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist-being filed to merely reflect a change in the recompany has been notified in writing of this cl	e and complete parently and complete parently agent as pro- egistered office ac	erformance of m ovided for in Ch	v duties, and I am familiar with and upter 605, F.S. Or, if this document is	

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Sheena M. Hall	1326 Pine Ridge Cir. East, Tarpon Springs, Fl. 34688	■ Add
			Remove
			Change
			Remove
			☐ Change
			☐ Remove
			Change
			Remove
			Change
			Remove
			☐ Change
			Add
			🗖 Remove
			Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing:
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:) The 90th day after the record is filed.
Dated July 16 2019
Signature of a member of authorized representative of a member Signature of a member of authorized representative of a member Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00