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Y. SCOTT OCT 2 8 2021

COVER LETTER

Division of Corporations
SUBJECT: PRUDENCE PUBLISHING, LLC 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:
Lois R. Thompson Name of Person PRUDENCE PUBLISHING, LLC
PRUDENCE PUBLISHING, LLC Firm/Company 870 N. Miramar Ave, #217 Address Indialantic, FL 32903 City/State and Zip Code Withinkiving @ gmail. com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future admual report notification)
For further information concerning this matter, please call:
Name of Person at (678) 330-8324 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\Begin{array}{c} \$\$25.00 \text{ Filing Fee} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Mailing Address: Registration Section Street Address: Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

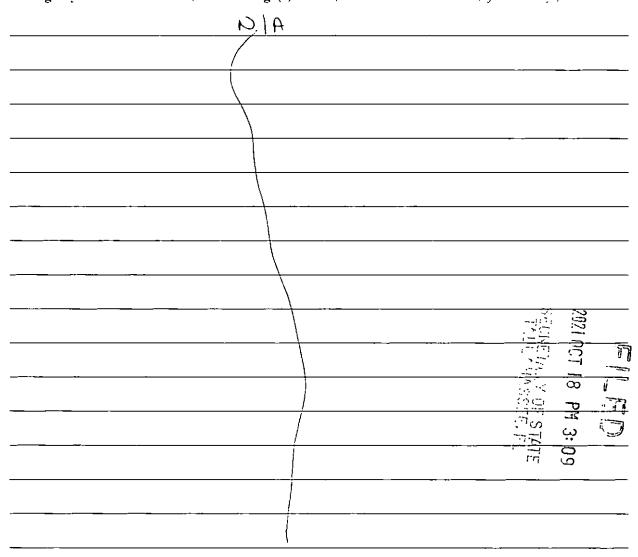
_ PRUDENCE_ PUBLIS				
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)			
The Articles of Organization for this Limited Liability Company of Florida document number <u>L 190015209</u> 5 This amendment is submitted to amend the following:	vere filed on June 7, 2019 and assigned			
A. If amending name, enter the new name of the limited liabil	ity company here:			
WITHINLIVING, LL				
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "L.L.C." or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	NA E B TI			
(Principal office address MUST BE A STREET ADDRESS)				
	(C) (C) (T) (T) (T) (T) (T) (T) (T) (T) (T) (T			
Enter new mailing address, if applicable:	MIN AIN			
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office ad	dress on our records, enter the name of the new registered			
agent and/or the new registered office address here:				
	^> / 0			
Name of New Registered Agent:	N H			
New Registered Office Address:				
	Enter Florida treet address			
	City Zip Code			
New Registered Agent's Signature, if changing Registered Agent:	Cay Zap Code			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is			

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
NA	<u> </u>	NIA	□Add
			□Remove
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D.	If amending any other information.	. enter change(s) here:	(Attach additional sheets	. if necessary.)



E. Effective date, if other than the date of filing: Date of filing (optional)
(If 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the 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 record is filed.

Dated October 13. 2021.

Signature of a member or authorized representative of a member

Lois R. Thompson

Typed or printed name of signee

Filing Fee: \$25.00