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TO:

	Registration Se Division of Cor			
SUBJEC [*]	IBROWS B	BY CAITLYN LLC		
GODJEC	ı: <u> </u>		ited Liability Company	
The enclo	sed Articles of .	Amendment and fec(s) are sub	omitted for filing.	
Please rett	urn all correspo	ndence concerning this matter	to the following:	
		Caitlyn Leinenkugel		
			Name of Person	
		Caitlyn Co.		
			Firm/Company	
		12541 Bassbrook Ln.		
			Address	
		Tampa, FL 33626		=
			City/State and Zip Code	
		caitlyn@caitlynco.com		
		E-mail address: (to be used for future annual report not	ification)
For furthe	r information co	oncerning this matter, please ca	all:	
Caitlyn L	einenkugel		813 422-9437	
	Name of	f Person	Area Code Daytin	ne Telephone Number
Enclosed i	is a check for th	ic following amount:		
≸ \$25.0	0 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)
	Tailing Address		Street Address:	ection
Registration Section Division of Corporations			Registration Se Division of Co	
F	O. Box 632	7	The Centre of	
T	fallahassee, F	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IBROWS BY CAITLYN LLC		
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)	
the Articles of Organization for this Limited Liability Company were followed adocument numberL19000154139	filed on and assig	med
his amendment is submitted to amend the following:		
. If amending name, <u>enter the new name of the limited liability co</u>	ompany here:	
CAITLYN CO. LLC		
he new name must be distinguishable and contain the words "Limited Liability Com	npany," the designation "LLC" or the abbreviation "L.L.	C."
Enter new principal offices address, if applicable:		
D : 1 (4) 1 1 1 1 1 1 1 1 1 1		
The grant office dataless most be A STREET ADDRESS		
Enter new mailing address, if applicable:		
	· · ·	
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office address	ss on our records, enter the name of the new	rogi
gent and/or the new registered office address here:	s on our records, enter the name or the new	I CEIS
Name of New Registered Agent:		
New Business LOCC All		
New Registered Office Address:	Enter Florida street address	
	PL .c.	
Cit	, Florida 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 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
			🗀 Add
			□Remove
			□Change
			
			□Remove
			□ Change
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n effective dat o <u>te:</u> If the da	e, if other than the date is listed, the date must bute inserted in this bloc fective date on the Dep.	specific and to does not me	cannot be prior t eet the applica	o date of filing o ble statutory fi	r more than 90 da	(optional) ys after filing.) its, this date	Pursuant to 605.02 will not be listed
ecord specifi is filed.	ies a delayed effective o	ate, but not ;	an effective tin	ne, at 12:01 a.r	n. on the earlier	r of: (b) The	90th day after th
ted	August 4th		2020				
		Éju.	[12] [12]	7			
	Si	gnature of a ir	iember or author	rized representat	ive of a member		
			Caitlyń Leir	ienkugel			