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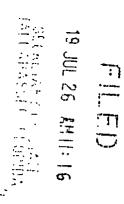
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### **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJ	ECT:
The ci	nclosed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Angelia Deal Name of Person
	Listing Boddy Eirn/Jompany
	1382 Sand Are NE
	Shear Fl 33703  City/State and Zip Code  Angle deal a Venizon, net  E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
	Area Code Daytime Telephone Number
Enclo:	sed is a check for the following amount:
<b>D</b> \$2	25.00 Filing Fee Solution Solu

### MAILING ADDRESS:

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

#### STREET/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cisting B	buddy LLC
(Name of the Limited Djability CAPlorida Li	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number <u>L 190017</u>	inpany were filed on $\frac{7/11/19}{0.937}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2.55 <b></b>
(Principal office address MUST BE A STREET ADDRES	SS)
Enter new mailing address, if applicable:	25 AH
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address	red office address on our records, <u>enter the name of the n</u> ss here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. 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

or removed fi	rom our records:	age, enter the title, name, and address of each	person being aut
MGR = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	Name	Address	Type of Action
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Filing Fee: \$25.00