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| Certified Copies | Certificates | s of Status |
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| Special Instructions to | Filing Officer: | |
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|--------------|----------------|--|---|--|---------------------|---------------|
| SUBJECT: | Unicom Cu | Iture Coaching LLC | | • | | |
| SUBJECT. | · | Name of Lim | ited Liability Company | | | |
| The enclose | d Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please retur | n all correspo | ndence concerning this matter | to the following: | | | |
| | | Susan Giddings | | | | |
| | | | Name of Person | | | |
| | | | | | 2021 | |
| | | 2456 Sandy Cay | Firm/Company | 20 12 1 2 - 12 1 2 - 12 1 3 - 12 1 | 2021 OCT -4 PM 2: 0 | |
| | | | Address | | ÷ | The last last |
| | | West Palm Beach, FL 334 | 11 | ं देन हार | 2 2 | £ |
| | | Susan@SusanGiddings.cor | City/State and Zip Code | 크롤 | : 06 | |
| | | • | to be used for future annual report r | notification) | | |
| For further | information c | oncerning this matter, please c | all: | | | |
| Susan Gidd | lings | | 561 389-2609 at () | • | | |
| | Name o | f Person | | time Telephone Number | _ | |
| Enclosed is | a check for th | ne following amount: | | | | |
| \$25.00 | Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Certificate of Certified Cop. (additional copy | Status & y | • |
| Re | ailing Addres | Section | Street Address: Registration | Section | | |
| Р. | O. Box 632 | | | f Tallahassee | | |
| Та | allahassee, I | FL 32314 | 2415 N. Mon | roe Street, Suite 810 | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Unicorn Culture Coaching LLC | | | |
|--|--|---|---|
| (Name of the Limit | ted Liability Compa (A Florida Limited) | iny as it now appears on our records. Liability Company) | |
| The Articles of Organization for this Limited L | iability Company | were filed on July 29, 2019 | and assigned |
| Florida document number L19000192563 | · | | |
| This amendment is submitted to amend the foll | owing: | | |
| A. If amending name, enter the new name o | f the limited liab | ility company here: | |
| Susan Giddings Consulting LLC | | | |
| The new name must be distinguishable and contain the v | vords "Limited Liabi | lity Company," the designation "LLC" | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applic | able: | 2456 Sandy Cay | · · · 2 |
| Principal office address MUST BE A STREE | | West Palm Beach, FL 33411 | 7.7. 7.7. |
| | | | |
| Enter now mailing address if applicables | | 2456 Sandy Cay | SSS P III |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | West Palm Beach, FL 33411 | To Z |
| | | | 1 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| B. If amending the registered agent and/or ragent and/or the new registered office addre | | address on our records, <u>enter t</u> | he name of the new regis |
| Name of New Registered Agent: | Susan E Giddir | ngs | |
| New Registered Office Address: | 2456 Sandy Ca | y Enter Florida street address | |
| | West Palm Bea | • | 22411 |
| | Treat I ami DCa | ivii Cla | rida ³³⁴¹¹ |

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 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> | Name | Address | Type of Action |
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| ffective date, if other than the d | ate of filing: | (option: | al) | |
| | be specific and cannot be prior to date of fi ick does not meet the applicable statute | | | |
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| record specifies a delayed effective d is filed. | date, but not an effective time, at 12:0 | 01 a.m. on the earlier of: (b) | The 90th | day after the |
| | 2021 | | | |
| Dated Scptember 28 | · · | | | |
| Dated September 28 Susen E | Medding ignature of a member or authorized repre | | | |

Filing Fee: \$25.00