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COVER LETTER

Div	ision of Corp	porations				
SUBJECT:	SPECIALT	Y GURU'S, LLC.				
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed	l Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspor	ndence concerning this matter	to the following:			
		FREDERIC BARTHE ESQ				
			Name of Person			
			Firm/Company			
		17 SE 24TH AVE				
		DOMBANO BEACUEL 22	Address			
		POMPANO BEACH FL 330	002		19 19	ب
		FBARTHELAW@GMAIL.CO	City/State and Zip Code DM		A 101	, ;
		E-mail address: (to be used for future annual report no	tification)	ာ ဦ	;
For further in	nformation co	ncerning this matter, please co	all:		PX REG	۲: در
FREDERIC	BARTHE		954 784 2800		6 15 PM 2: 30	コンスゴー
	Name of	Person		me Telephone Number	, , ,	20
Enclosed is a	a check for the	e following amount:				
■ \$25.00 F	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 State Certified Copy (additional copy is enc		
	MAILE	NG ADDRESS:	STREET/COUR	RIER ADDRESS:		

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

TO:

Registration Section

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

SPECIALTY GURU'S, LLC. (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _____07/31/2019 and assigned Florida document number _____19000195466 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) G1 B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida City 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
MGR	HAILEY GANZE	17 SE 24TH AVE	
		POMPANO BEACH FL 33062	
			■ Remove
	MICHELLE RIOUX	17 SE 24TH AVE	Change
MGR	WIIOTICEEC NIGGY	W 02 2 WWW	@ Add
		POMPANO BEACH FL 33062	
			☐ Remove
			☐ Change
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(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 (I 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. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:		
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