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COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT: EM	hellish S	50 100	
SUBJECT:TT		ted Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub-	nitted for filing.	
Please return all correspond	ence concerning this matter t	to the following:	
	Ashle	4 Schiller Name of Person	
	Embellis	Sh Salan Firm Company	
	24880 S.	Tamiani tra	il unit 3
	Bonita Si	Prings FL 39 City/State and Zip Code	4134
	embellish E-mail address: (t	natural Salony o be used for future annual report notific	agmail . Com
For further information cond	terning this matter, please ca	ill:	
Ashley Name of Pe	Schiller	at (239) 980 - Area Code Daytime	4592 Telephone Number
Enclosed is a check for the t	following amount:		
\$25.00 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)
Mailing Address:		Street Address:	

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

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

_ Combellish	Salco		<u> </u>
(Name of the Limited (A	Liability Company as it now Florida Limited Liability Con	npany)	
The Articles of Organization for this Limited Liab	ility Company were filed	on Aug: 23 20	19and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of th	ne limited liability comp	any here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company	y," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET)	<u>ADDRESS)</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or reg agent and/or the new registered office address l		our records, enter the nam	e of the new registered
Name of New Registered Agent:	Ashley	Schiller	
New Registered Office Address:	Ei	nter Florida street address	
		, Florida	
	City		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 2000 St0 900 60 29	Type of Action
		<u> </u>	□ Add
			□Remove
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ive date, if other than the date of filing: ective date is listed, the date must be specific and cannot have date inserted in this block does not meet the cent's effective date on the Department of State's respective.	be prior to date o applicable stat	f filing or more tha		ng.) Pursuant to 605
d specifies a delayed effective date, but not an effected.	ctive time, at 1	2:01 a.m. on the	earlier of: (b)	The 90th day after
Aug 26, 20	20.			
Signature of academber of	or authorized rea	oresentative of a n	ember	
٨	Schi			

Ashley Adis Schiller be restored. ORDERED AND ADJUDGED: A. The marriage between the parties is dissolved and the parties are restored to the status of being single. BrThe Marital Settlement Agreement, attached as Exhibit A, is approved by the court and incorporated herein, but not merged. The parties shall obey all of its provisions. C. The Parenting Plan, attached as Exhibit B, is approved by the court and incorporated herein. The parties shall obey all of its provisions. V Petitioner's Respondent's former name of [full legal name] AS hey Adis Schille's restored. E. The court reserves jurisdiction to modify and enforce this final judgment. HEAL SCHRUBE CIRCUIT JUDGE CIRCUIT JUDGE I certify that a copy of this Final Judgment of Dissolution of Marriage was emaile [] hand-delivered to the parties and any entities listed below on Petitioner (or his or her attorney)

Respondent (or his or her attorney)
Other:

Ashley Rivera
8532 Via Lungmane cir

Estero FL 33928

Corros Rivera 326 NW 15th Ter Cape Coral FL 33993