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COVER LETTER

го:	Registration Section Division of Corporations	·
SHRIF	ECT: BUTERS BEBITE LLC Name of Limited Liability Company	.
30 DJ E	Name of Limited Liability Company	•
The end	closed Articles of Amendment and fee(s) are submitted for filing.	
Please 1	return all correspondence concerning this matter to the following:	
	SANGAII DEN Name of Person	_
	Name of Person	
	Firm/Company	_
	11422 NW 16 PLACE Address GAINCS VIIIE, FL. 3260 City/State and Zip Code	_
	Address	
	GAINESVIIIE, FL. 3260	<u>6</u>
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	-
F 6	arther information concerning this matter, please call:	
For fu		
{	Name of Person at (727) 85/-556 Area Code Daytime Telephone Numl	<u></u>
	Name of Person Area Code Daytime Telephone Numb	A.
Enclo	nsed is a check for the following amount:	
. ,	\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00	Filing Fee,
	Certificate of Status Certified Copy Certificate of Status Certified Copy Certificate of Status Certified Copy is enclosed) Certificate of Status Certificate Copy is enclosed.	icate of Status & ied Copy mal copy is enclosed)
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	Mailing Address:Street Address:Registration SectionRegistration Section	A fracking

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

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BUYERS Ker		
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Co.	ompany were filed on Scoken 282	Son 3, 2019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit BUYERS NINJA The new name must be distinguishable and contain the words "Limit		on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDR		DEFER T
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		至了
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records	, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	et address
		, Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

10

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
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fan effective de	re is listed, the date.	must be specific ar	id cannot be pric	or to date of filing	or more than 90 da	vs after filing.) Pur-	suant to 605.020°
<u>Note:</u> If the d document's ef	ate inserted in this fective date on the	e Department of	State's record	S.	mig requiremen	itot tino udice will	1101 00 110100 11
	ies a delayed effe	ctive date, but no	ot an effective	time, at 12:01 a	.m. on the earlie	r of: (b) The 90	th day after the
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		Signature of	a member or au	horized represent	ative of a member		