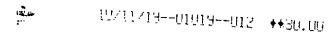
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| (Ř | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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| TO: _ Registration So Division of Con | | | |
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| | lettos, LLC | | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| | Amendment and fee(s) are sub | | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Veronica Chambers | | |
| | | Name of Person | |
| | Sexy In Satilettos, LLC | | |
| | | Firm/Company | |
| | 37001 Orange Street | | |
| | | Address | |
| | Hilliard, F1, 32046 | | |
| | <u></u> | City/State and Zip Code | |
| | thechelsmiranda@gmail.co | | |
| | h-mail address: (| to be used for future annual report notifi- | cation) |
| For further information of | concerning this matter, please c | alt: | |
| Veronica | | 904 468-0301 at (1 | |
| Name o | d Person | Area Code Daytime | Telephone Number |
| Enclosed is a check for t | he 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) |

MAHLING 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

| Sexy In Stilettos, LLC | | | |
|---|---|---------------------------|------------------------|
| (Name of the Lim | ited Liability Company as it now appea (A Florida Lamited Liability Company) | rs on our records.) | |
| The Articles of Organization for this Limited | | eptember 3, 2019 | and assigned |
| Florida document number L19000222472 | | | |
| This amendment is submitted to amend the fol | lowing: | | |
| A. If amending name, enter the new name | of the limited liability company h | ere: | |
| N/A | | | |
| The new name must be distinguishable and contain the | words "Limited Liability Company." the c | iesignation "LLC" or th | abbreviation "L.L.C." |
| Enter new principal offices address, if appli | cable: | | |
| (Principal office address MUST BE A STRE | | | |
| Tricipal office data cas ration 1 bit. 1 bit. | | | |
| Enter new mailing address, if applicable: | | | 78.633 TAEC33 |
| (Mailing address MAY BE A POST OFFICE | · ROX) | | T- |
| Printing with Car Mar. Cr 1207, 17 (2017) (2) 17 C. | | ··· | m |
| | | | |
| B. If amending the registered agent and registered agent and/or the new registered of | | 1 our records, <u>ent</u> | er the name of the new |
| Name of New Registered Agent: | N/A | | |
| New Registered Office Address: | | | |
| new registered syntee Address. | Emer Flo | rida street oddress | |
| | | , Florida | |
| | Спу | | 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = ManagerAMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|-------------------|---------------------|----------------|
| MGR | Veronica Chambers | 37001 Orange Street | |
| | | Hilliard, FL 32046 | p |
| | | | Remove |
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| | 09/01/2019 | |
| Effectiv | re date, if other than the date of filing: | |
| (If an ellec Note: 1: | ctive 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 60 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list | 5.020 ted as |
| | nt's effective date on the Department of State's records. | |
| | | |
| | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli 90th day after the record is filed. | er o |
| , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | your day area the record to med. | |
| Dated | | |
| _ | | |
| | Miseg/Murendu | |
| | Signature of a member or authorized representative of a member | |

Page 3 of 3

Filing Fee: \$25.00