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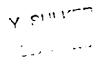
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ully Multiplied	LLC	
<u>-</u>		
Amendment and fec(s) are sub	mitted for filing.	
ndence concerning this matter	to the following:	
Austin Bonn	er	
	Name of Person	
Fruitfully Mu		
	Firm/Company	
7901 4th St	N STE 300	
	Address	
St. Petersbu	ırg, FL 33702	
	City/State and Zip Code	·
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ner	_{ar} 239 691-5	5240
f Person	Area Code Daytime	Telephone Number
ne following amount:		
S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Amendment and fee(s) are substituted austin Bonn Truitfully Mu 7901 4th St St. Petersbu austinbonner89@ E-mail address: (oncerning this matter, please concerning this matter.	Amendment and feets) are submitted for tiling. Amendment and feets) are submitted for tiling. Indence concerning this matter to the following: Austin Bonner Name of Person Fruitfully Multiplied LLC Firm/Company 7901 4th St N STE 300 Address St. Petersburg, FL 33702 City/State and Zip Code austinbonner89@gmail.com E-mail address: (to be used for future annual report notification oncerning this matter, please call: ner f Person at (239) 691-5 f Person are following amount: \$\Begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

MAILING 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

	ly Multiplied LLC	
(Name of the Limited Li (A F)	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabili Florida document number <u>L19000248944</u>	ty Company were filed on October 3, 2019	and assigned
This amendment is submitted to amend the followin	ā:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	"Lumited Liability Company," the designation "ELC" or the abb	oreviation "L/L/C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET AI	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX		
	<u> </u>	~~~
B. If amending the registered agent and/or r registered agent and/or the new registered office:	registered office address on our records, enter of	he name of the ne
registered agent and/or the new registered office.	audress here.	-
Name of New Registered Agent:	2.5 (iii c 2.4 2.4 2.4	# []
New Registered Office Address:		26
	Enter Florida street address	
_	Florida	
	Circ	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>	<u>Address</u>	Type of Action
AMBR	Austin Bonner	7901 4th St N STE 300	■ Add
		St. Petersburg, FL 33702	□ Remove
			Change
			☐ Remove
			Change
			☐ Remove
			☐ Change
		☐ Remove	
			Change
			□ Remove
			Change
		□ Remove	
			Change

	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
	
-	
(If an effective on Note: 1f the	te, if other than the date of filing:
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: day after the record is filed.
Dated Oct	tober 25 2019
_	Signature of a member of authorized representative of a member
9	Smojo Unlimited LLC, Organizer, by Jazmine Smalley Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00