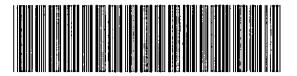
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COVER LETTER

TO:

TO: Registration Se Division of Cor			
AU	tomateMy Gig. Con	m U(
SUBJECT:TIO	Name of Lim	ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	J	ustin Strader	
		Name of Person	
	Automa	ateMy big. com LLC	
		Firm/Company	
	11206 6)	ndsor Place Circle	
		nd Sor Place Circle Address	
	-ta	. F) 3367.6	
	1 UMP	City/State and Zip Code	
		Automate my gig. com)
	E-mail address: (to be used for future annual report noti	fication)
For further information co	oncerning this matter, please ca	all:	
Justin	Strader	at (7874
Name of		Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne following amount:		
区 \$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 S Division of C		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	
Tallahaeeoo F			e Street Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



21 APR 19 PH 1: 29

(<u>Name of the Limited Liability</u> (A Florida L	Company as It now appears on our records.) Cimited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number <u>L19000274412</u>	ompany were filed onand assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered or agent and/or the new registered office address here:	office address on our records, enter the name of the new regis
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Enter Florida street address , Florida

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 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>

	Manager - Authorized Member	With the last to 29						
<u>Title</u>	<u>Name</u>	<u>Address</u>	21 AFR 19 PM 1:29	Type of Action				
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	(chio entity # 2398092) (Document # 2015141601280) (EIN # 47-4159072)	_	145458	□Remove				
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cord s s filed	specifies a d L	elayed (effective d	ate, but no	ot an eff	ective ti	me, at 1.	2:01 a.m.	on the	earlier of	(b)	The 90t	h day afte	er the
ed	Apri	<u> </u>	10	the state of a	., 2	021	<u>.</u>							