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COVER LETTER

TO:	Registration Sec Division of Corp	țion orations		
	Very Wary I	1.C		
SUBJI	ECT:	Name of Limit	ed Liability Company	
		Amendment and fee(s) are subn		
Please	return all correspon	ndence concerning this matter to	o the following:	
		Celeen Ropertson		
			Name of Person	
		Very Wary LLC		
			Firm/Company	
		1955 Roosevelt St. Num R		
			Address	
		Hollywood, FL 33020		
		celeenrob@gmail.com	City/State and Zip Code	
		E-mail address: (1	to be used for future annual report notifi	cation
For fi	irther information c	oncerning this matter, please ca	all:	
Celec	en Robertson Sole N	ивк	334 333-2548	
	Name o	f Person	Area Code Davtime	Telephone Number
Enclo	sed is a check for the	he following amount:		
. ≘ \$	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Conv (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy GROUNDORN COPY (1)
			etdeet/Canibil	FR ADDRESS:

MAILING ADDRESS:

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

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

· Very Wary LLC		
Name of the Limited Lial (A Flor	bility Company as it now appears on our records rida Limited Liability Company)	<u>.</u>)
e Articles of Organization for this Limited Liability Company were filed on 84-3659474		and assigned
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	2020 SEC
Vary Wary LL€		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2 11
(Principal office address MUST BE A STREET ADI	DRESS)	道当 王 〇
		- 3 - 3 - 3 - 3 - 3 - 3
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	gistered office address on our records, idress here:	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
,	Cirv	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:

• • • • • • • •

<u> Fitle</u>	Name	<u>Address</u>	Type of Action
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(If an effe <u>Note:</u>	ive date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Purs If the date inserted in this block does not meet the applicable statutory filing requirements, this date will reent's effective date on the Department of State's records.	uant to 60. Tot be its	5.0207 (ted at; a	¥ c.
the rec b) The	ford specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the 90th day after the record is filed.	he earli	ier of:	
Dated ₋	December 29 . 2019.			
	Signature of a member or authorized representative of a member			
	Celeen Robertson			
	Typed or printed name of signee			

Page 3 of 3

Filing Fee: \$25.00