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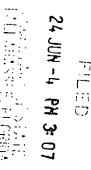
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: <u>Lefreshed Place & Space & LLC</u> Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Luke Eady Name of Person	
Refreshed Places & Spaces LLC Firm/Company	
221 DEEF COVE Rd.	
City/State and Zip Code LUKE a, Endy a GMail com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (407) 413 - 0941 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
■ \$25.00 Filing Fee \$\ \text{Certificate of Status} \text{Certified Copy} Certifi	
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations	

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Referred Places & (Name of the Limited Liability Compan (A Florida Limited Li	Spaces ILC
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears to our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L200000 5462</u>	vere filed on O1/08/2070 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
	. 2 + /
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ldress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	City Zin 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Seth M. Lewis	213 South pillard St.	DAdd
		213 South Millard St. STF. 340 wintercondent	⊃ ^C { 7}}
			Change
			□Add
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feetive date, if other than the date of filing: (optional)								
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Mit Town	ted	May	15 th	2020	<u>1</u> . c 05/	15/2-1)		
Signature of a member or authorized representative of a member			Signature	of a member or at	thorized represent	itive of a member		
LUKe Eady Typed or printed name of signee				_				