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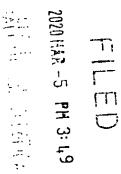
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| PICK-UP                 | ☐ WAIT            | MAIL        |
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| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   |             |
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#### **COVER LETTER**

|                 | stration Sectio<br>ion of Corpor |   |   |                       |  |
|-----------------|----------------------------------|---|---|-----------------------|--|
| SUBJECT: _      | The S                            | Spunky Spane of Limit                         | ed Liability Company  | <u></u>               | _  |
| The enclosed    | Articles of Amo                  | endment and fee(s) are subn                   | nitted for filing.  |                       |  |
| Please return a | ll corresponde                   | nce concerning this matter to                 | o the following:  |                       |  |
|                 |                                  | April   | Millar(   |                       | _  |
|                 |                                  | The   | SOUNKY S  | arrow                 |  |
|                 |                                  | 219 7   | Y ex Terr   | a CC                  |  |
|                 | -                                | Perry<br>April address: (to                   | City/State and Zip Code  On March 76 (  On be used for future annual re | 348<br>OGMAN. W       | <u> </u>   |
| For further inf | ormation conce                   | erning this matter, please cal                | II:   |                       |  |
| Apr             | Name of Per                      | son   | at (\$\frac{\sqrt{50}}{\text{Area Code}}\)                              | Naytime Telephone Nur | )<br>—<br>nber   |
| Enclosed is a   | heck for the fo                  | ollowing amount:                              |   |                       |  |
| □ \$25.00 Fil   | ing Fee @                        | \$30,00 Filing Fee &<br>Certificate of Status | \$55,00 Filing Fee & Certified Copy (additional copy is each)           | Certi<br>sed) Certi   | O Filing Fee, ficate of Status & fied Copy ional copy is enclosed) |
|                 |                                  |   |   |                       |  |

### Mailing Address:

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| TO ARTICLES OF AMENDMENT  TO ARTICLES OF ORGANIZATION OF  |
|---|
| ARTICLES OF ARTICLES OF ARTICLES OF ORGANIZATION  OF  (Name of the Limited Liability Company)  (A Florida Limited Liability Company)  |
| The Articles of Organization for this Limited Liability Company were filed on 1/21/2020 and assigned Florida document number L 2 0000/62/D.   |
| This amendment is submitted to amend the following:   |
| A. If amending name, enter the new name of the limited liability company here:  |
| The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Enter new principal offices address, if applicable:  [Principal office address MUST BE A STREET ADDRESS]  Perry FC, 32348 |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  Perry, Ft. 32348   |
| B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:  |
| Name of New Registered Agent:  New Registered Office Address:    April Millard     219 Tyler Terrace  |

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member **Type of Action** Title Name Address manager April Millard 219 Tyler Terrace, Perry is Add □Remove \_\_\_\_\_ □Change \_\_\_\_\_ Петюче \_\_\_\_\_\_ □Change \_\_\_\_\_ □ Add \_\_\_\_\_ □Change \_\_\_\_\_ □ Remove ☐ Change \_\_\_\_\_ □Remove

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| (If an effe<br><u>Note:</u> | ve date, if other than the date of filing:   |
| ord is file                 |  |
| Dated _                     | February 28 . 2020   |
|                             | Tebruary 28 2020  Signature of a member or authorized representative of a member  One of Millor and |
|                             | Typed or printed name of signee  |