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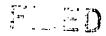
	Registration Se Division of Cor		•	*				
à libiné	Caterial Ta	ylor, LLC		,				
SUBJEC	::	 						
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:								
Please re	turn all correspo	indence concerning this matter	to the following:					
		Caterial Brown						
			Name of Person					
		Caterial Taylor, Ll	LC					
			Firm Company					
		10810 Boyette Rd.	., #2753					
			Address					
		Riverview, FL 33	568					
	City/State and Zip Code							
		distinctnotions3@gmail.com E-mail address: (to be used for future annual report notification)						
For furth	er information c	oneerning this matter, please c	·	,				
	erial Brown	,	813 478-6416					
	Name o	t Person	at () Area Code Daytin	e Telephone Number				
Enclosed	l is a check for t	he following amount:						
■ \$25.0	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		<u>Street Address:</u> Registration Se	etion				
	Registration 5 Division of C		Division of Co					

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



Caterial Taylor, LLC			2022 APR 13 AH 11: 56
(Name of the Limi	ted Liability Compa (A Florida Limited l	nv as it now appears on our	records.)
The Articles of Organization for this Limited L Florida document number L20000036587			. 2020 TALL AN SCE, FL and assigned
This amendment is submitted to amend the fol-	lowing:		
A. If amending name, <u>enter the new name c</u>	of the limited liab	ility company here:	
Distinct Notions, LLC			
The new name must be distinguishable and contain the	vords "Limited Liabi	lity Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	10810 Boyette Rd., #27	53
(Principal office address MUST BE A STREI		Riverview, F1. 33568	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BQX)		10810 Boyette Rd., #27 Riverview, FL 33568	53
B. If amending the registered agent and/or agent and/or the new registered office addre	-	address on our records,	enter the name of the new registered
Name of New Registered Agent:	Caterial Brown (name change due to marriage)		
New Registered Office Address:	10810 Boyette	Rd., #2753	
		Enter Florida stree	t address
	Riverview		, Florida ³³⁵⁶⁸
		City	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>	Address	Type of Action
MGR	Caterial Brown	10810 Boyette Rd., #2753	
		Riverview, FL 33568	□Remove
			■ Change
		.	
			∐Remove
			∟Add
			□Remove
			Change
			□Remove
			Change
			\Add
			□Remove
			Change
			
			□ Remove
			_Change

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f an effecti <u>Note:</u> 1f (date, if other than the date of filing:
record sport is record sport to the record spo	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	April 9, 2022.
	April 9, 2022. Cotterial Brown Signature of a member or authorized representative of a member
	Ccterica Brown Typed or printed name of signee