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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Codification of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

Tallahassee, FL 32314

| | Registration S Division of Co | | | |
|------------------|----------------------------------|--|---|--|
| SUBJEC | ÄLISSA A | .ND BEN ENTERPRISES, L | rc | |
| | | Name of Li | mited Liability Company | |
| The enclo | sed Articles of | Amendment and fcc(s) are su | abmitted for filing. | |
| Please reti | arn all correspo | ondence concerning this matte | er to the following: | |
| | | ALISSA SCHNEIDER | | |
| | | | Name of Person | |
| | | ALISSA AND BEN ENT | TERPRISES, LLC | |
| | | | Firm/Company | |
| | | PO BOX 1018 | | |
| | | - | Address | |
| | | CLEARWATER, FL 337 | 57 | |
| | | | City/State and Zip Code | |
| | | BENANDALISSAPATRI | | |
| For further | information co | oncerning this matter, please o | (to be used for future annual report notical): | fication) |
| | CHNEIDER | | 727 481-7101 | |
| | Name of | Person | Area Code Daytime | Telephone Number |
| Enclosed is | a check for the | e following amount: | | |
| ■ \$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) |
| | iling Address: | | Street Address: | |
| | gistration Se | | Registration Sec | |
| | vision of Co D. Box 6327 | | Division of Corp The Centre of Ta | |
| | | | rife Centre Of 15 | manassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ALISSA AND BEN ENTERPRISES, LLC | | 7.07 |
|---|---|------------------------------|
| (Name of the Limited Liability Comp (A Florida Limited | any as it now appears on our records. Liability Company) | and assigned |
| The Articles of Organization for this Limited Liability Company | were filed on 02/07/2020 | ى and assigned "آآآ |
| Florida document number L20000045376 | | 2 |
| This amendment is submitted to amend the following: | | တ္ ယ |
| A. If amending name, enter the new name of the limited liab | oility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity 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) | 1428 REGAL ROAD | |
| | CLEARWATER, FL 33756 | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | ddress on our records, enter th | e name of the new registered |
| and the new registered office address here: | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Florid | |
| | 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 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 | BENJAMIN PATRICK | 1428 REGAL ROAD | |
| | | CLEARWATER, FL 33756 | □Remove |
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| prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 pplicable statutory filing requirements, this date will not be listed as toords. |
|---|
| ve time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| |
| \sim |
| authorized representative of a member |
| |

Filing Fee: \$25.00