L20000075548

(Request	or's Name)	
(Address)	
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(City/Sta	te/Zip/Phone #)	<u> </u>
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COVER LETTER

TO:	Registration Se Division of Cor			, s
CHD IE	AWES & P	AWS, LLC		
SUBJE	LI:	Name of Limi	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		PAMELA MILLER		
			Name of Person	
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	<u> </u>
		1862 JUAREZ WAY SOU	ТН	
			Address	
		ST. PETERSBURG, FLOR	RIDA 33712	
			City/State and Zip Code	
		PAMILLER99@GMAIL.Co	OM to be used for future annual report notifications	ution)
r 6 4				attory
For Turti	ier information c	oncerning this matter, please ca	MI.	
PAM M	ILLER		813 857-2801 at ()	
-	Name o	f Person		elephone Number
Enclose	d is a check for th	ne 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)
	Mailing Addres		<u>Street Address:</u> Registration Secti	ion

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

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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

AWES & PAWS LLC

2023 DEC -4 MHO: 24

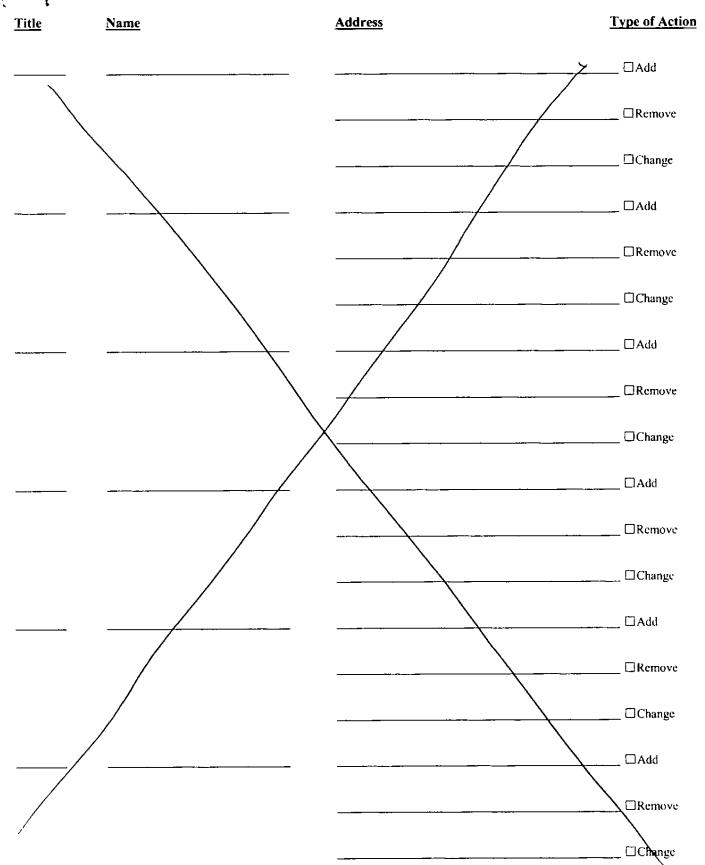
	A Florida Limited	any as it now appears on our Liability Company)	r recoras.)	
The Articles of Organization for this Limited Liferida document number L20000075548	ability Company	were filed on 03/09/202	0	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liab	oility company here:		
Mindful Matters Media, LLC				
The new name must be distinguishable and contain the w	ords "Limited Liabi	ility Company," the designation	on "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applic	able:	N/A		
Principal office address MUST BE A STREE	<u>T ADDRESS)</u>			
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			
B. If amending the registered agent and/or r		address on our records	, enter the nar	ne of the new regi
	N/A			
Name of New Registered Agent:	N/A N/A			<u> </u>
ngent and/or the new registered office addres		Enter Florida stree	et address	
Name of New Registered Agent:		Enter Florida stred	et address , Florida	

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



, N/A	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
<u></u>	
	·

an effect lote: If	date, if other than the date of filing: N/A (optional)
record s	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
ated _	Sovember 29 . 2023.
	Signature of a member or authorized representative of a member
	Pamela A. Miller

Filing Fee: \$25.00