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| Special Instructions to Filing Officer: |
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COVER LETTER

| Counter Pro | oductive LLC | | |
|-----------------------------|---|---|---|
| SUBJECT: | Name of Lim | ited Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | indence concerning this matter | to the following: | |
| | Christopher W Borland | | |
| | | Name of Person | |
| | Counter Productive LLC | | |
| | | Firm/Company | |
| | 516 Temple St. | | |
| | · · · · · · · · · · · · · · · · · · · | Address | |
| | Satellite Beach FL, 32937 | | |
| | | City/State and Zip Code | |
| | chrbor419@gmail.com E-mail address: (| to be used for future annual report r | otification) |
| For further information c | oncerning this matter, please c | | |
| Christopher Borland | | 321 326-3776 | |
| Name o | f Person | Area Code Day | time Telephone Number |
| Enclosed is a check for the | ne following amount: | | |
| | S30,00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclose |
| Mailing Addres | | Street Address: | |
| Registration ! | Section Corporations | Registration : Division of C | |

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

Counter Productive LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 04/24/2020 and assigned Florida document number L20000111605 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 "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address Florida

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 |
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| | | Satellite Beach, FL 32937 | □Remove |
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