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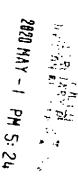
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| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: Registration Se Division of Cor | | • | · |
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| APRIL ES | SENTIALS LLC | | |
| SUBJECT, | Name of Lin | nited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | KENDRA GUSTAFSON | | |
| | | Name of Person | |
| | APRIL ESSENTIALS LL | С | |
| | | Firm/Company | |
| | 1810 W KENNEDY BLV | D, | |
| | | Address | |
| | TAMPA, FL 33606 | | |
| | | City/State and Zip Code | |
| | KGUSTAFSON@1810KE | | |
| For further information c | te-mail address: (concerning this matter, please c | to be used for future annual report notif all: | ication) |
| KENDRA GUSTAFSO | N | 813 280-8551 at () | |
| Name o | of Person | | Telephone Number |
| Enclosed is a check for the | he 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 Registration 9 | Section | Street Address: Registration Sec | |
| Division of C P.O. Box 632 | = | Division of Corp The Centre of T | |
| Tallahassee. | | | Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ny as it now appears on our records.) Liability Company) | |
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| were filed on APRIL 27, 2020 | and assigned |
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| ility company here: |): Victor 2020 |
| lity Company," the designation "LLC" or the | abbreviation "L |
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| SARASOTA, FL 34236 | 7 m |
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| address on our records, <u>enter the na</u> | me of the new registered |
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| , Florida _ | |
| City | Zip Code |
| | ility company here: Bity Company," the designation "LLC" or the 1343 MAIN STREET, STE 309 SARASOTA, FL 34236 Address on our records, enter the na |

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

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|---------------------------------------|----------------|
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| ffective date, if other than the an effective date is listed, the date musiote: If the date inserted in this bloocument's effective date on the De | t be specific and cannot be pricock does not meet the appl | icable statutory filing | (optional re than 90 days after tilin requirements, this dat | g.) Pursuant to 605.0207 (|
| | e date, but not an effective | time, at 12:01 a.m. or | the earlier of: (b) 1 | he 90th day after the |
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| record specifies a delayed effective Lis filed. APRIL 29 ated | | | | |
| l is filed. | | rchuk | | |
| l is filed. | tony ma | rchuk horized representative o | t`a member | |

Filing Fee: \$25.00