## h20000120106

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## COVER LETTER

TO: Registration So Division of Con			
Resting Fit	nch Face 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	ondence concerning this matter	to the following:	
	Jacqueline Quiroga		
	<del></del>	Name of Person	
	ZenBusiness INC		
		Firm/Company	. <del></del>
	5511 Parkerest Drive STE	103	
	-	Address	
	Austin, Texas, 78731		
		City/State and Zip Code	
	fulfillment@zenbusiness.cc	om to be used for future annual report no	tification)
For further information of	concerning this matter, please co	·	
Jacqueline Quiroga c/o l	ZenBusiness INC	844 493-6249	
Name (	of Person	at () Area Code Daytir	me Telephone Number
Enclosed is a check for t	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 Addre		Street Address:	
Registration Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Resting Finch Face LLC		
(Name of the Limited Liability Compa (A Florida Limited l	ny as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company	were filed on 05/04/2020	and assigned
Florida document number 1.20000120106		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	225 E. New Hampshire St.	
(Principal office address MUST BE A STREET ADDRESS)	14	
	Orlando, FL 32804	
Enter new mailing address, if applicable:	225 E. New Hampshire St.	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	14	
·	Orlando, FL 32804	•
		, - ¬
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the	
igent and/or the new registered office address here:		1: 05
		C)
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>	Name	<u>Address</u>	Type of Action
AMBR	Shelby N Finch	225 E. New Hampshire St.	□Add
		14	□Remove
		Orlando, FL 32804	
			□Remove
			□Change
			□Add
			Remove
			Change
			☐Add
		<del> </del>	⊖ ⊕ □Remove
			Change
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			<del></del>
ective date, if other than the o	late of filing:	es data of filling arms at home	(optional) 90 days after filing.) Pursuant to 605.020
te: If the date inserted in this blo	ck does not meet the applica		ements, this date will not be listed a
cument's effective date on the De	partment of State's records.		
ecord specifies a delayed effective is filed.	date, but not an effective tie	ne, at 12:01 a.m. on the ea	arlier of: (b) The 90th day after the
	. 2021		
September 1st	·	<del></del> -	