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(Document Number)	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT:
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mortean Morgan Name of Person
Christina's Dust Burnies Firm/Company
450 Douglas Ave APT-345 Address
City/State and Zip Code Chrishings J. D. C. J.
For further information concerning this matter, please call:
Sherin Seide at 954 406-2054 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Chrisma's Dist	- Pannies		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on a Limited Liability Company)	our records.)	1
The Articles of Organization for this Limited Liability C		<u> 26,2020</u> and assigned	
Florida document number LZ000143183	<u>2</u> .	<i>ب</i> م	
This amendment is submitted to amend the following:		, ω	
A. If amending name, enter the new name of the lim	ited liability company here:		
			_
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	RESS)		
		<u>-</u>	_
Enter new mailing address, if applicable:	<u></u>		_ "
(Mailing address MAY BE A POST OFFICE BOX)			_
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our record	ds, enter the name of the new regis	tered
and the new regarded office address here.			
Name of New Registered Agent:			_
New Registered Office Address:			
	Enter Florida st	reet address	
		, Florida	
	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 Title Name Address **Type of Action** AMBR Morran Morgan 450 Douglas Are DANG AP+ 345 PRemove Altomonte Spings, FL 32714 Thange AMBR Sheron Seide 3000 MUNIOTARE DAD Survise 1/2 33327 | Remove ______ Change _____. □Add _____ □Change _____ □Add ____ □ Remove _____ □ Change ______ □Add _____ □Remove

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fective date if	other than the date (of Gling:		(optional)	
n effective date is o <mark>te:</mark> If the date i	listed, the date must be spe	ecific and cannot be prior to es not meet the applical	o date of filing or more the ole statutory filing req	an 90 days after filing.) Pursuar airements, this date will not	nt to 605.0207 (be listed as t
ecord specifies a is filed.	delayed effective date,	but not an effective tim	ie, at 12:01 a.m. on th	e earlier of: (b) The 90th d	ay after the
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Typed or printed name of signee