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(Re	questor's Name)	
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COVER LETTER

TO:	Registration Se Division of Cor			
•	Suddenly Jo	•		
SUBJE	CT:			
		Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	indence concerning this matter	to the following:	
		D'Lorah Butts-Lucas		
			Name of Person	
			Firm/Company	
		1053 Peter Road		
			Address	
		Daytona Beach, FL 32114		
			City/State and Zip Code	
		dablucas@gmail.com		·
			to be used for future annual report not	ification)
		oncerning this matter, please co		
D'Lorah	Butts-Lucas		386 547-9715	
	Name o	f Person	at ()	ne Telephone Number
Enclose	d is a check for tl	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 Registration S Division of C	Section	<u>Street Address:</u> Registration Se Division of Co	

P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Suddenly Joyful, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp $\frac{1.20000148670}{}$.	iability Company were filed on and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Making Lives Better, LLC		
The new name must be distinguishable and contain the words "Limited L	Jability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2023 SEL
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		m o XSS
Enter new mailing address, if applicable:		PH 3
(Mailing address MAY BE A POST OFFICE BOX)		1741 1741 153:
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>enter th</u>	e name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Flori	da
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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ective date, if other than the effective date is listed, the date must te: If the date inserted in this bloument's effective date on the De	be specific and cannot be priced does not meet the appli	icable statutory filing r		
cord specifies a delayed effective s filed.	date, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) The 90th	day after the
	2023			
January 9				
ed	Butto Luc Signature of a member or aut	as		