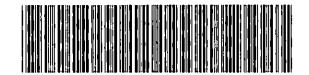
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COVER LETTER .

TO: Registration Section Division of Corporations			
# ()			••
SUBJECT: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	uoh tosential	ted Liability Company	
	Name of Lina	ted Limiting Company	
The enclosed Articles of A	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspor	dence concerning this matter	to the following:	
	Buc	an Drake	·
		Name of Person	
	Du	sh Fsandials 110	
	<u>r_to</u>	ish Essentials UC Firm/Company	/
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	<u> </u>	ver Olipper Lane S	Je E
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	latte	City/State and Zip Code	<u>B</u>
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	E-Hail address: (sontials coop amail to be used for future annual report notification	ication)
Las forther information as	oncerning this matter, please ca		
For turner information co	sheering this matter, prease en	ш.	
Kyar	Drake	at (<u>773)</u> 606	5-0912
Name of	Person	Area Code Dayum	e Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee. Certificate of Status &
	Centificate of Status	(additional copy is enclosed)	Certified Copy
			(additional copy is enclosed)
Mailing Address:		Street Address:	
Registration Section		Registration Section	
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT

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FILED ARTICLES OF ORGANIZATION 2022 JUN 28 AH 9: 50 SECRETARY OF STATE TALLAHASSEE, FLORE

<u>riush E</u>	ssentials cic
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) iited Liability Company)
The Articles of Organization for this Limited Liability Comp. Florida document number <u>L20000155985</u> .	pany were filed on June 5,3000 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited</u>	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 ADDRES	<u></u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	537 Silver Slipper Lane Ste E Tauahassee, FL. 32303
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address: 531	Silver Slipper Lane Ste E Enter Florida street address
	Taulahassea Florida 32808 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
			□ Add
			Remove
			Change
			□Add
			□Remove
			Change
			□Add
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			□Change

. If amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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Note: If the	date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.
he record spec ord is filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	June 28 . 2022.
_	Signature of a member or authorized representative of a member
_	Ryan Drate Typed or printed name of signee

Filing Fee: \$25.00