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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone #)	-
PICK-UP	WAIT	MAIL
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COVER LETTER

Divis	sion of Co	rporations		
SUBJECT:		NSTITCHCOMPANY LLC	·	,
		Name of Lin	nited Liability Company	<u>-</u>
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return a	all correspo	ondence concerning this matter	to the following:	
		JENNIFER DIALS		
			Name of Person	
			Firm/Company	
		2405 LEE AVENUE		
			Address	
		MELBOURNE, FI. 32901		
			City/State and Zip Code	
		SOUTHERNSTITCHCOM	PANY@GMAIL.COM to be used for future annual report notifi	(antion)
For further info	ormation c	oncerning this matter, please c	•	(Caron)
JENNIFER DI	IALS		321 7945771	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is a c	heck for th	ne following amount:		
■ \$25.00 Fil	ing 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
	ng Address stration S		Street Address: Registration Sec	tion

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

Registration Section

TO:

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

SOUTHERNSTITCHCOMPANY LLC

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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Fig	orida Limited Liabi	lity Company)		•
The Articles of Organization for this Limited Liabilit Florida document number £20000176302	ty Company wer	re filed on 6/2	4/2020	and assigned
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liability	company he	<u>re</u> :	
The new name must be distinguishable and contain the words "	Limited Liability C	ompany," the de	esignation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	:			
(Principal office address MUST BE A STREET AD	<u>DDRESS)</u> _			
	_			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	1 _		· · · · · · · -	
	_			
B. If amending the registered agent and/or registered agent and/or the new registered office address her		ress on our re	ecords, <u>enter tl</u>	he name of the new registered
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Flor	nda street address	
			, Flor	
		City		Zip Code
New Registered Agent's Signature, if changing Regist	tered Agent:			
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change	id complete per d agent as prov tered office add	fo <mark>rmance</mark> of vided for in C	my duties, and Thapter 605, F	I I am familiar with and I.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Name</u>	Address 7:00	Type of Action
MGR	JENNIFER DIALS	2405 LEE AVENUE, MELBOURNE, FL 32901	= Add
			□ Remove
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Tective date, if other than the date in effective date is listed, the date must be spote: If the date inserted in this block document's effective date on the Department.	pecific and cannot be prior t loes not meet the applica	o date of filing or more ble statutory filing a	e than 90 d requireme	ays after	filing.)	Pursuant to 605.0207 will not be listed as
cord specifies a delayed effective date is filed.	e, but not an effective tin	ne, at 12:01 a.m. on	the earlie	er of: (b)	The	90th day after the
October 20	2020	·				
	_					
Je Signa	ature of a member or author	rized representative of	f a member			