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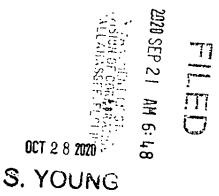
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COVER LETTER

TO: Registration Section Division of Corporations			
FORMAL E	KNOTS	LLC	
(Name of Limite	d Liability C	ompany)	
The enclosed member, resignation or dissociate	ion and fee	e(s) are submitted for filing.	
Please return all correspondence concerning th	nis matter to):	
ENIDZA ARROYO			
(Contact Person)			
FORMAL KNOTS LLC		Email.	
(Firm/Company)		Shaylamont	1420 amail
2780 NW 61 ST		com	. (1.5 5 5)
(Address)	·		
MIAMI FL 33142			
(City/State and Zip Code)			
For further information concerning this matter	, please cal	l: .	
ENIDZA ARROYO	786 at (985-4626	
(Name of Contact Person)		de & Daytime Telephone Number)	
Enclosed please find a check made payable to		Department of State for: ng Fee & Certified Copy	
Mailing Address:		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 8	10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DOD!

Formal Kr	note ilc	SE SE
(Name of the Limited Liab (A Flor	illity Company as it now appears (ida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Florida document number <u>L 20000 201511</u>	Company were filed on $\underline{\lambda}\alpha$	ly 13 2020 and an igned 5
This amendment is submitted to amend the following:		· · · · · · · · · · · · · · · · · · ·
A. If amending name, <u>enter the new name of the li</u>		:
The new name must be distinguishable and contain the words "L	imited Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
(Principal office address MUST BE A STREET ADI	DRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or register agent and/or the new registered office address here		ords, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
	City	, Florida
	Cil	гар Соас

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 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	Type of Action
lanager	Nehru Janes	2780 N.W 6157 ST	□Add
		Miami Fl 33142	LRemove
			☐ Change
w <u>rer</u>	Eridza Arroyo	2780 N.W 61ST ST.	OFAdd
	Miami F1 33142	□ Remove	
			☐ Change
esident	Enidso Arroya	2780 N.W 615 ST	DEXIG
		Mayn: F1 33142	□Remove
			□Change
		□Add	
			□Remove
			□Change
			□Remove
		• .	Change
			🗆 Add
			□ Remove
			□ Change

. 11 an	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
٠.		

(If an e	ective date, if other than the date of filing: OT 12 2020 (optional) effective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a ment's effective date on the Department of State's records.	(3)(b) the
he reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.	
Dated	d 07/18/2020	
	- A	
	Signature of a member or authorized representative of a member	
	Enidza Arvoyo Typed or printed name of signee	

Filing Fee: \$25.00