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Division of Cor			
SUBJECT:	Fenomenal E	Sche LLC ited Liability Company	*
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The enclosed Articles of	Amendment and fee(s) are sub-	nuuca for thing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Name of Person	
	Fenor	menculbabe, LI	<u> </u>
	1317 Edg	sewater Dr. #17.	715
	Orland	City/State and Zip Code	
	E-mail address: (t	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
<u>Hajaira</u> Name o	Toveras	at (467) 683 - Area Code Daytime	CS37 e Telephone Number
Enclosed is a check for the	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 Address		Street Address:	nti on
Registration S Division of C		Registration Sec Division of Cor	
P.O. Box 632	-	The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rad Rabe Society, LLC

(<u>Name of the Limited Lia</u> (A Flo	bility Compar orida Limited L	ny as it neet appe liability Company	ears on our record	<u>is.</u>)		
The Articles of Organization for this Limited Liabilit Florida document number L200000101	y Company	were filed on _	Julya	, <i>303</i> 0	and a	ssigned
This amendment is submitted to amend the following	<u>;</u> .					
A. If amending name, enter the new name of the	limited liabi	lity company	<u>here</u> :			
FeronienalBat	e, LL	<u> </u>				
The new name must be distinguishable and contain the words "	Limited Liabili	ity Company," the	e designation "LLC	or the abbre		L.L.C."
Enter new principal offices address, if applicable:					020 A	£701eu
• •				F-1-	S	1.1
a vincipal office and the lives by	mailing address, if applicable:					
				13.5°	<u> </u>	
7°				90° ₹ 11		
	_				9	
(Mailing address MAY BE A POST OFFICE BOX	Σ			· · ·		
B. If amending the registered agent and/or registered agent and/or the new registered office address her		ddress on ou	records, <u>enter</u>	the name o	of the n	ew registered
Name of New Registered Agent:						
New Registered Office Address:						
New Registered Agent. New Registered Office Address: Enter Florida street address						
			, FI	lorida		
		City	 ,		Zip Cod	<u> </u>
New Registered Agent's Signature, if changing Regist	tered 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
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			☐ Change
			□Add
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fective date, if other			271		optional)	_	****
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ocument's effective dat	e on the Department o	of State's record:	5.				
record specifies a delay	red effective date, but r	oot an effective	time_at_12:01.a.r	on the earlier	nf: (h) - The	· 90th day	after the
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