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TO: Registration So Division of Cor				
SUBJECT: MIC	name of Lin	ness Hoot Pay	ps You, U	C
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
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1	oncerning this matter, please c	all:		
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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)	Section 10	Status &
Mailing Address		Street Address:		
Registration S Division of C		Registration Se 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

Mind the Dusine	ss that tays You, LLC
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2000 20925</u> . H	y were filed on <u>7/17/20</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liable and contain the words "Limited Liable The new name must be distinguishable and contain the words "Limited Liable The new name must be distinguishable and contain the words "Limited Liable The new name must be distinguishable and contain the words "Limited Liable The new name of the limited liable The new name of the liable The new name of	i. hhl
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	- .
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	2332 Survey Eche T Clearwater FL = 33743 address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	City Zin 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 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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cord specifies a delay	ed effective date, but n	ot an effective time	, at 12:01 a.m. on	the earlier of: (b)	The 90t	h đay af	ter the
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