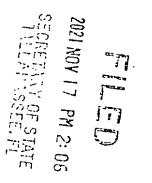
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COVER LETTER

TO: Registration So Division of Cor								
White San	d Towels, LLC							
SUBJECT:								
	Name of Lin	nited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.						
	ondence concerning this matter	Ţ.						
	-	to the following.						
	Kristen Ivanov							
		Name of Person						
	White Sand Towels							
		Firm/Company		•				
	7647 Novara Ct		ر.ا 1 م است 2 م مرات عالم استان	2021 NOV 17				
		Address		YOY				
	Naples, FL 34114		1867 2314 1615 1615					
	kristenivanov@gmail.com	City/State and Zip Code	NAME OF THE SECOND SECO	PH 2:0				
	E-mail address: (to be used for future annual report not	ification)	9				
For further information of	concerning this matter, please c	all:						
Kristen Ivanov		239 300-3819						
Name o	of Person	at () Area Code Davtin	ne Telephone Number					
		The code Daylin	ne receptione realities					
Enclosed is a check for the	he 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 Cortificate of Certified Cop (additional copy	f Status &: py				
Mailing Addres		Street Address:						
Registration S		Registration Se						
Division of C P.O. Box 632		Division of Corporations The Centre of Tallahassee						
Tallahassee, 1			oe Street, Suite 810					

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

White Sand Towels, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _ and assigned Florida document number L20000215305 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Kristen Ivanov, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Citv

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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