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FILED

DECRETARY OF STATE

A. BUTLER FEB 1 8 2022

COVER LETTER

TO: Registration Division of C	Section Forporations				
	lawg Parties, LLC				
SOBJECT:	Name of Lim	ited Liability Company			
	of Amendment and fee(s) are sub spondence concerning this matter	-			
Theuse return an evire	La Quieta L. Stonum	w the Killowing.			
Name of Person					
		Firm/Company			
12506 Ballentrae Forest Drive					
		Address			
	Riverview, FL 33579		<u>.</u>		
	signaturesbyl@gmail.com	City/State and Zip Code			
	E-mail address: (to be used for future annual report notif	ication)		
For further information	n concerning this matter, please ca	all:			
La Quieta L. Stonum		254 423-3595 at ()			
Nan	te of Person	Area Code Daytime	· Telephone Number		
Enclosed is a check fo	or the 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: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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 FILED OF

2022 JAN 31 AM 9: 58

Pawls Dawg Parties (Name of the Limited Liability Company as it now appears on burrecords) Ur SIATE
(A Florida Limited Liability Company) TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were tiled on $\frac{07/24/2020}{}$ and assigned Florida document number ____L20000219351 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Demeanor Enterprise, 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

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.

City

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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·			
			□Remove
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ective date, if other than the reflective date is listed, the date mu	ist be specific and cannot b	e prior to date of filing o	 (optio r more than 90 days after f	iling.) Pursuant to 605.020
te: If the date inserted in this beament's effective date on the D			ling requirements, this	date will not be listed a
own form of effective date on the E	separation of state 5 fe			
cord specifies a delayed effection	ve date thut not an effec	give time, at 12:01 a.i	n, on the earlier of: (b)	The 90th day after the
is filed.				
January 26	, 2022	<u></u> .		

Typed or printed name of signee