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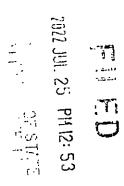
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### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: FO ddess Braws And Body UC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Minu Chin Sang Name of Person
FIDERILL BROWN AND BODY
18081 BISTAGNE Blud Svite 1205
ALNEWA, FL 33100  City/State and Zip Code
City/State and Zip Code  A - CMMIANO O MANO COM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Manne of Person  at (780) 474-5007  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$\int_{\begin{align*}{0.00000000000000000000000000000000000

### 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 OF

(Name of the Limited Liability Company as it now appeters on our records:)

(A Florida Limited Liability Company)

OF STATE

·	ted Liability Company)	11
The Articles of Organization for this Limited Liability Compa Florida document number <u>L200023089</u>	any were filed on 08	03/2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designa	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	2	<del> </del>
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:	ce address on our record	ds, <u>enter the name of the new registered</u>
Name of New Registered Agent:		-
New Registered Office Address:		
<del>-</del>	Enter Florida st	reet address
		, Florida
	City	Zip 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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