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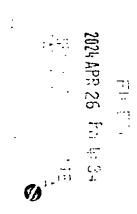
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COVER LETTER

	egistration Sectivision of Cor		.	
SUBJECT		Promises, LLC	♥ 4	•
OBJECT		Name of Limi	ited Liability Company	
The enclos	ed Articles of a	Amendment and fec(s) are sub-	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		Mia M Lafrance		
			Name of Person	
		Pursue the Promises, LLC		
			Firm/Company	
		6315 NW 201 Lane		
			Address	···
		Hialeah Fl 33015		
			City/State and Zip Code	
		mia2maya@gmail.com		
For further	information c	E-mail address: (i	to be used for future annual report notifull:	neation)
Mia M Lat	france		786 2948552	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is	s a check for th	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:
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

Pursue the Promises, LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.)
(TT 107164 Ellineth Billeth) Com	r
The Articles of Organization for this Limited Liability Company were filed	on 8-7-2020 and assigned
Florida document number L20000239833	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	iny here:
MLafrance Solutions, LLC	
The new name must be distinguishable and contain the words "Limited Liability Company.	"the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
• • •	
(Principal office address MUST BE A STREET ADDRESS)	
	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	- r,
•	
(Mailing address MAY BE A POST OFFICE BOX)	, · · · · · · ·
	(1) 2.1°
	* <i>D</i>
B. If amending the registered agent and/or registered office address on	our records, enter the name of the new regist
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Busintared Office Address	
New Registered Office Address: En	ier Florida street address
	filosofia.
Circ	, Florida 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 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 i 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 a or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Actio
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			□Remove
			□Change
			□Add
			□Remove
			□Change
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Effective date, If an effective date Note: If the date document's effective date document's effective date.	inserted in this	block does not	meet the appli	cable statutory	or more than 90 filing requirem	(optional) days after filing.) tents, this date v	Pursuant to 605.0. vill not be listed
e record specific rd is filed.	a delayed effec	tive date, but no	ot an effective	time, at 12:01 a	i.m. on the earl	ier of: (b) Tho	90th day after t
			2024	· /χ`)			
Dated April 22	<u> </u>		~.l -	[l]			
Dated April 22		Signatura of	Mia		encative of a memb	er	<u> </u>