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| Special Instructions to Filing Of | ficer: |
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COVER LETTER

| Division of Corp | | | |
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| SUBJECT: | Your Sou Pl | UT DOSE, LLC ited Liability Company | |
| | | | |
| The enclosed Articles of A | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspor | ndence concerning this matter | to the following: | |
| | | | |
| | Lei | gh Gurr Name of Person | |
| | <u>Gu</u> | ri Friday Virtu | al Solutions |
| | 310 (| Glenridge Rd | |
| | Perr | Y FL 32348 City/State and Zip Code | |
| | E-mail address: (| Friday Va C (to be used for future annual report not | Outlook.Com |
| For further information co | ncerning this matter, please ca | all: | |
| Leigh | Gur | at (850) 84 | 3.3062 |
| Name of | Person | Area Code Daytir | ne Telephone Number |
| | | | |
| Enclosed is a check for the | e following amount: | | |
| \$25.00 Filing Fee | S30.00 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 | <u>:</u> | Street Address: | |
| Registration S | ection | Registration Se | |
| Division of Co | - | Division of Co | |
| P.O. Box 6327 Tallahassee, F | | The Centre of 2415 N. Monre | Tallahassee be Street, Suite 810 |
| rananassee. I | | Tallahassee, Fl | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Your Sou | d Liability Company as it now appears on our records.) A Florida Limited Liability Company) |
|---|---|
| The Articles of Organization for this Limited Lizer Florida document number <u>L2000026</u> | ability Company were filed on 8-25-2020 and assigned 3343. |
| This amendment is submitted to amend the follo | wing: |
| A. If amending name, enter the new name of | the limited liability company here: |
| Enter new principal offices address, if applica | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E | <u>30X)</u> |
| B. If amending the registered agent and/or reagent and/or the new registered office address | egistered office address on our records, <u>enter the name of the new registerec</u> s <u>here</u> : |
| Name of New Registered Agent: | Leigh Gurr |
| New Registered Office Address: | 310 Glenriage Rd. Enter Florida stresholdress |
| | Petry Florida 32348 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.

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

221481 11 77 61 00

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-----------------|---------------------------------------|----------------|
| MGR | Erin T. Weesner | 1915 Natalen Rd | 🗆 Add |
| | | Winter Park, FL | □Remove |
| | | 32792 | XiChange (Miad |
| AMBR | Leigh Gurr | 310 Glenriage Rd | • |
| | • | Perry, FL 32348 | □Remove |
| | | | □Change |
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| | | | □Remove |
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| reffective date is listed, te: If the date inserte | r than the date of filing: the date must be specific and cannot be ed in this block does not meet the a te on the Department of State's rec | pplicable statutory filing r | (option than 90 days after f equirements, this | iling.) Pursuant to 605.0201 |
| cord specifies a delags filed. | yed effective date, but not an effect | ive time, at 12:01 a.m. on | the earlier of: (b) | The 90th day after the |
| ed 8 Sep | tember 20. | 20. | | |
| | Signature of a member or | r authorized representative of | a member | |
| | | printed name of signee | | |

Filing Fee: \$25.00