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COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	She Tosnize Tees)16		
	She Inspire Tees Name of Lim	ited Liability Company		
The enclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	pondence concerning this matter	to the following:		
	Sheita_	N. Necoton Name of Person		
	She In	Spine Tecs 11C Firm/Company		
	2915_N	NW 60th Ave Apt. 1-	·202	SEAN 1
	Suneiso	E.FL 33313 City/State and Zip Code	.202 .70 0CT 19	C 1 :
	She in soile e E-mail address: (to be used for future annual report notif		- XY
For further information	concerning this matter, please co	all:	ت	101
Sheila N. Name	Merston of Person	at (786) 487 – Area Code Daytimo	4802 Telephone Number	
Enclosed is a check for	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 Addr Registration		Street Address: Registration Sec	ction	
•	Corporations	Division of Corp		
P.O. Box 63	327	The Centre of T	allahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 9/14/2020 and assis Florida document number <u>L20000288D16</u>. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: (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: Sheila N. Newton Name of New Registered Agent: 2915 NW W Ave Ppt, 1-202

Enter Florida street address

Suncise Florida 33313

City Zip Code New Registered Office Address:

Vew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions 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 sing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability impany has been notified in writing of this change.

Changing Registered Agent, Signature of New Registered Agent

.. amenuing 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

Title	<u>Name</u>	Address	Type of Action
<u>mgr</u>	Sheika N. Newton	2915 NW LOOTH AVE Apt.	1-2 92 X(Add
		Sunpise, FL 33313	□Remove
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an effective lote: If the	te, if other than the date of filing: date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as effective date on the Department of State's records.
	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	October 7 . 2020.
_	Signature of a member or authorized representative of a member
	Sheila Newton Typed or printed name of signee