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(Requestor's Name)
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T. MATTHEWS

JAN 14 2022

COVER LETTER

то:	Registration Se Division of Cor			
SURIF	CT:	SQUIRRELED OUT	LEATHERWORKS LLC	
30000	C1,		ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	endence concerning this matter	to the following:	
		LOVETTE DOBSON		
			Name of Person	
			Firm/Company	
		17350 STATE HWY 249,	#220	
			Address	
		HOUSTON, TX, 77064		
		EFILE1234@INCFILE.COM	City/State and Zip Code M	
		E-mail address: (t	o be used for future annual report not	fication)
For furth	er information co	oncerning this matter, please ca	dl:	
LOVEI	TE DOBSON		l 8888-462-34 at ()	453
	Name of	f Person	Area Code Daytim	e Telephone Number
Enclosed	l is a check for th	e following amount:		
≣ \$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tollaharas DI 20214

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

SQUIRRELED OUT LE	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L20000302075	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	9028 Snellgrove Ave.
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL 32220
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	9028 Snellgrove Ave. Jacksonville, FL 32220
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street 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.

Zip Code

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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		<u> </u>	□Change
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ecord specifies a delayed effective d	ate, but not an effective time	, at 12:01 a.m. on the ear	rlier of: (b) The 90th day aft	er the
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DECEMBER, 28	2021			
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	Lorenzo E	Butler		
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