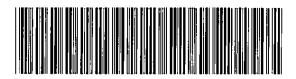
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JAN 3 1 2023 D CONNELL Greetings Ms. Darlene,

This is the money order for the updakes. I have emailed both amendments to you for the notary chic of Homestead and Gilmore Italiangs, LLC. If you have any guestions, please do not not resitate to call me at 1305) 294-2282.

Kind Regards, Sheumina L. Gilmine

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The Notary Chic of Homestead, LLC 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:
Shamina L. Gilmore
the notary chic of Homestead, LLC
1221 Jasio ST SE, Apt. 1412
Palm Bay FL 32909 Gity/State and Zip Code
Shamina etnenotaryonicot himestaid. E-mail address: (10 be used for future annual report notification)
For further information concerning this matter, please call:
Shamna L - Gilmore at (321) 209-0035 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee S55.00 Filing Fee S60.00 Filing Fee, Certificate of Status 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 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

The Notary Chic of Humestead, LLC

(Name of the Limited Limbility Company as it now appears on your records.)

(A Florida Limited Limbility Company)

The Articles of Organization for this Limited Liability Company were filed on 10/24/2026 and assigned

Florida document number L20000338026.

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 "LLC"

Enter new principal office 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 Agent:

Name of New Registered Agent:

Name of New Registered Address:

Shamaal Gilmore

Shawaal Gilmore

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 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

Title	<u>Name</u>	Address	Type of Action
MGR	Shamina Gilmore	2 1221 Jaslo ST SE	🗗 🗷 dd
		Palm Bay, FL 3290	□Remove
		Apt.1412	
MGR	Shamina Gilmer	7950 NW 53rd St	□Add
		STE 337	DRemove
		Miami, FL 33166	□Change
			🗆 Add
			□Remove
			🗆 Change
			□Add
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			□Remove
			F)Character

-	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) \[\lambda / \lambda \tau + \tau + \tau \tau \tau \tau + \tau \tau \tau \tau \tau \tau \tau \tau
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an eff lote:	ive date, if other than the date of filing: 10/24/2022 (optional)
recor is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
ated	December 28 2022
	Signalus of a member or authorized representative of a member
	Shamina L. Gilmure
	Typed or printed name of signee

Filing Fee: \$25.00