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| (Requestor's Name) |
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| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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|------------------|-----------------------------------|--|---|---|
| CUDIFCT | Brown Bab | y Y.A.L LLC | | |
| SUBJECT | · | Name of Lim | ited Liability Company | |
| The enclos | sed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please retu | ırn all correspo | ondence concerning this matter | to the following: | |
| | | Christ-Lynn Smith | | |
| | | | Name of Person | |
| | | | Firm/Company | · |
| | | 501 SW 75th , F9 | | |
| | | | Address | |
| | | Gainesville, FL 32607 | | |
| | | | City/State and Zip Code | |
| | | info@blackmarriagetherapy | to be used for future annual report r | notification) |
| For further | · information c | oncerning this matter, please c | · | Notification, |
| Christ-Lyr | nn Smith | | 786 5909741 at () | |
| - | Name o | f Person | | time 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) |
| | Iniling Addres | | Street Address: Registration S | |
| | ivision of C | | Division of C | |
| P | O. Box 632 | .7 | The Centre o | |
| Т | allahassee, l | FL 32314 | 2415 N. Mon | roe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Brown Baby Y.A.L LLC | | |
|--|---|-------------------------------|
| (<u>Name of the Limited Liability Con</u> (A Florida Limit | npany as it now appears on our records ed Liability Company) | <u>r)</u> |
| The Articles of Organization for this Limited Liability Compa | ny were filed on 10/26/2020 | and assigned |
| Florida document number L20000339917 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited li | ability company here: | |
| Smith Foundations LLC | | |
| The new name must be distinguishable and contain the words "Limited Li | ability 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) | | |
| | | |
| | | 202 |
| Enter new mailing address, if applicable: | | ZOZZ JUN SECRETALLA |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | . | ASS = M |
| | | OF S |
| B. If amending the registered agent and/or registered office | ce address on our records, <u>enter</u> (| the name of the new registere |
| agent and/or the new registered office address here: | | , 15 22 |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | | rida |
| | 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.

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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| ective date, if other than the effective date is listed, the date in this term of the date inserted in this cument's effective date on the | nust be specific and cannot block does not meet the | be prior to date of filing of applicable statutory f | (option more than 90 days after the strength of the strength o | filing.) Pursuant to 605.020 |
| ecord specifies a delayed effectis filed. | tive date, but not an effo | ective time, at 12:01 a. | m. on the earlier of: (b | The 90th day after the |
| s med. | | | | |
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| | fri) | or authorized representa | thur of a graph c | |