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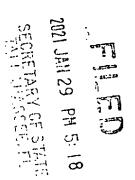
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COVER LETTER

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erin inem		iters and Business Registration	LLC	~,48	
SUBJEGT:		Name of Lim	ited Liability Company		
The enclosed	Anticles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Juliana Larson			
			Name of Person		
		Resume Writers and Busin	ess Registration LLC		
		-	Firm/Company		
		125 Spring Valley Loop			
			Address		
		Altamonte Springs, FL 327	714		
			City/State and Zip Code		
		createyourbusinessinflorida	@gmail.com		
		E-mail address: (to be used for future annual re	eport notification)
For further in	nformation c	oncerning this matter, please ca	all:		
Juliana Larse	on		321 419- at ()	3110	
	Name o	f Person	Area Code	Daytime Telepl	none Number
Enclosed is a	check for th	ne following amount:			
□ \$25.00 F	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enck		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres		Street Ado		
	gistration S			tion Section of Corporati	ons
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Resume Writers and Business Registration, LLC

2021 JAN 29 PM 5: 18

(Name of the Limited Liability Company as it now appears on our records TARY OF STATE (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{11/24/2020}{2}$ and assigned Florida document number _____L2000371467 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address ___, Florida ______ Zip Code City

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
CEO	Kristin Kieffer	5858 Trinity Lane	□Add
		Orlando, FL 32839	■Remove
			☐Change
.			□Add
			□ Remove
			☐Change
			□Add
			□Remove
			Change
			□Remove
			□Add
			Remove
			□Change
			□ Remove

Effective date, if other than the date of filing: (If an effective 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 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records. The record 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 ord is filed. Dated January 26th 2021 Signature of a member or authorized representative of a member.		
Effective date, if other than the date of filing:		
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	Dated	January 26th 2021
Signature of a member or authorized representative of a member		
Signature of a member of authorized representative of a member		A Comment of the comm

Filing Fee: \$25.00