L20000377608

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COVER LETTER

TO: Registration So Division of Con				
	ommerce LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Steven Helmkamp			
		Name of Person		
		Firm/Company		
	325 S Biscayne Blvd Apt 6	521		
		Address		
	Miami FL, 33131			
	<u></u>	City/State and Zip Code	-	
	Stevenhelmkamp@gmail.co			
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report not all:	iffication)	
Steven Helmkamp	g ,	850 485-5683		
Name o	of Person	at () Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	he 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 Address		Street Address: Registration Se	ection	
Registration Section Division of Corporations			Registration Section Division of Corporations	
P.O. Box 632	•	The Centre of	l'allahassee	
Tallahassee, I	FL 32314	2415 N. Monro	pe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Breeze Ecommerce LLC		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number £20000377608	were filed on December 20th 2020 and assign	.ed
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Breeze Life LLC		
The 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:	1065 SW 8th St Unit 210, Miami FL, 33130	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	325 S Biscayne Blvd Apt 621, Miami FL 33131	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new re	giste
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.

If Changing Registered Agent, Signature of New Registered Agent

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 **Type of Action Title Name Address** □ Add _____ □Change ..._. □Add □Remove _____ □Remove ______ Change _____ □Add _____ □Remove _____ □Change _____ 🗆 Add

____ □Change

Effective date, if other than the date of filing: (9/23/2022 (optional) (op	-	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
frective date, if other than the date of filing:		
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Filing Fee: \$25.00