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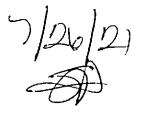
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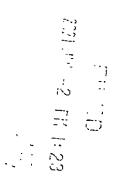
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COVER LETTER

TO: Registration Section

Division of Cor	porations				
	ers Law Firm, PLLC				
SUBJECT:	Name of Lim	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Osebolulu Omo-Abu				
		Name of Person			
	Numbers Law Firm, PLLC Name of Limited Liability Company Cles of Amendment and fee(s) are submitted for filing. Depression of Amendment and fee(s) are submitted for filing. Osebolulu Omo-Abu Name of Person The Numbers Law Firm, PLLC Firm/Company 440 Louisiana Street Suite 900 Address Houston, TX 77002 City/State and Zip Code info@thenumberslawfirm.com E-mail address: (to be used for future annual report notification) ation concerning this matter, please call: bbu Name of Person at (917) 601-4757 Area Code Daytime Telephone Number k for the following amount: Fee S 30.00 Filing Fee & Certified Copy (additional copy is enclosed) Address: Certificate of Status & Certified Copy (additional copy is enclosed) Address: Street Address: Registration Section Division of Corporations				
		are submitted for filing. matter to the following: Name of Person Firm, PLLC Firm/Company et Suite 900 Address City/State and Zip Code vfirm.com Idress: (to be used for future annual report notification) Ilease call: 917 at (
	Name of Limited Liability Company canclosed Articles of Amendment and fee(s) are submitted for filing. e return all correspondence concerning this matter to the following: Osebolulu Omo-Abu Name of Person The Numbers Law Firm, PLLC Firm/Company 440 Louisiana Street Suite 900 Address Houston, TX 77002 City/State and Zip Code info@thenumberslawfirm.com E-mail address: (to be used for future annual report notification) urther information concerning this matter, please call: solulu Omo-Abu Name of Person Name of Person Name of Person Area Code Certificate of Status Certificed Copy (additional copy is enclosed) Mailling Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee				
		Name of Limited Liability Company at and fee(s) are submitted for filing. cerning this matter to the following: allu Omo-Abu Name of Person mbers Law Firm, PLLC Firm/Company assiana Street Suite 900 Address a., TX 77002 City/State and Zip Code commeters lawfirm.com E-mail address: (to be used for future annual report notification) assistanter, please call: at (917			
	Houston, TX 77002				
					
	•		tification)		
For further information c	oncerning this matter, please c	all:			
Osebolulu Omo-Abu					
Name o	f Person	Area Code Daytii	me Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy		
			ection		
•		~	•		
	•	The Centre of	Tallahassee		
Tallahassee, l	FL 32314	2415 N. Monr	oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Numbers Law Firm, PLLC		
(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 <u>L20000394452</u> .	were filed on December 17, 2020	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:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	440 Louisiana Street, Suite 900	
(Principal office address MUST BE A STREET ADDRESS)	Houston, TX 77002	
Enter new mailing address, if applicable:	440 Louisiana Street, Suite 900	r- (
(Mailing address MAY BE A POST OFFICE BOX)	Houston, TX 77002	<u></u>
		i\(\sigma\)
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the</u>	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.

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
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ective date, if other than t	he date of filing:		(optional)	
effective date is listed, the date nate: If the date inserted in this	nust be specific and cannot be p	rior to date of filing or mo	ore than 90 days after filing.) Pursuant to 605.020
cument's effective date on the			, requirements into date	will not by made a
cord specifies a delayed effec	tive date, but not an effectiv	e time, at 12:01 a.m. o	n the earlier of: (b) Th	e 90th day after the
s filed.				. }
I 29	2021			- · · · · · · · · · · · · · · · · · · ·
ed June 28	, 2021	<u> </u>		· · ·
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	Signature of a member or a	uthorized representative	of a member	