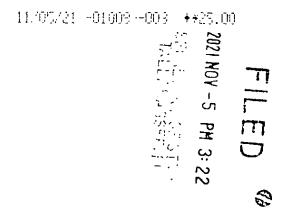
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Lift Flow Do LUI dbg Funky Mvdrg Fin/Company U31 S Federal Itm #100 Address Temponic Beach FL 33002 City/State and Zip Code by they Cfunky mvdrg vgg - Com E-mail address: (to be used for future annual Jepogl notification) For further information concerning this matter, please call: Bytthey (wfes at 380 4791117 Daytime Telephone Number	Please return all correspo	ondence concerning this matter	to the following:	
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Temponis Beach, FL 33CU 2 City/State and Zip Code by they Cfunky mydraycae Low E-mail address: (to be used for future annual poor notification) For further information concerning this matter, please call: By they (preson at 380 April 117 Name of Person at Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\Begin{array} \\$ \$25.00 \text{ Filing Fee & Certificate of Status & Certificate Copy (additional copy is enclosed)} \end{array} \Begin{array} \\$ \$60.00 \text{ Filing Fee. & Certificate of Status & Certificate Copy (additional copy is enclosed)} \end{array} Mailing Address: Registration Section Registration Section		Lift Flow Do	LLC dbg Funky	Midra
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□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status □ Certified Copy (additional copy is enclosed) Mailing Address: Registration Section □ Section □ Section □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	Name o	f Person	Area Code Daytime	Telephone Number
Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Certified Copy (additional copy is enclosed)	Enclosed is a check for the	ne following amount:		
Registration Section Registration Section	□ \$25,00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
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Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee	Division of C	orporations	Division of Corp	orations

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ' TO ARTICLES OF ORGANIZATION OF

Lift thiw	Do LLC	
(Name of the Limited Liabili A Florida	ty Company as it now appears on our record Limited Liability Company)	<u>'ds.</u>)
The Articles of Organization for this Limited Liability C Florida document number <u>LZ100017209</u>	Company were filed on $\frac{1}{\sqrt{5}} \frac{15}{2}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim The 8 Limb The new name must be distinguishable and contain the words "Limb		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		202 S
(Principal office address MUST BE A STREET ADDE	RESS)	
Enter new mailing address, if applicable:		PA T
(Mailing address MAY BE A POST OFFICE BOX)		——————————————————————————————————————
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	5.25
	, F	lorida
	· · · · · · · · · · · · · · · · · · ·	in the second

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
MBR	Lynzy Ferris	2879 NE 1544 St. Pempinobioch, FL 33062	
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
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menecu o <u>te:</u> If t	date, if other than the date of filing: 1 202 (optional) ive 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 605.0 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listen's effective date on the Department of State's records.	0207 d as
record sp is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
	10/22/21	
ated		
ated	Signature of a member of authorized representative of a member	

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Filing Fee: \$25.00