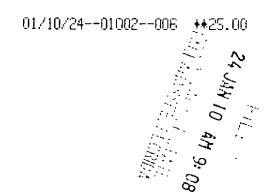
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COVER LETTER

TO: Registration Section Division of Corpor				
SUBJECT:Fi	+ By Annabe			
	J Name of Limite	d Liability Company		
The enclosed Articles of Am	endment and fee(s) are submi	itted for filing.		
Please return all corresponde	nce concerning this matter to	the following:		
	Annab	Name of Person	i y	_
	Fit B	4 Annabell Firm/Company	e LLC	-
	109 Ber	Address O	R APTB	_
		Tupiter. City/State and Zip Code	FL 33458	-
-	Annabelle E-mail address: (to	. Ainlay O	gmail·com	7
For further information conc	erning this matter, please call	:		
Annabell Name of Per	Airlay	at (<u>33.9</u>) <u>C</u> Area Code	189 - 9769 Daytime Telephone Numbe	/
Enclosed is a check for the fo	ollowing amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclos	ed) Certified	ite of Status &
Mailing Address: Registration Section of Corp		-	ress: on Section of Corporations	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT? TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	I Liability Company as it now appea V Florida Limited Liability Company)	rs on our records
The Articles of Organization for this Limited Lial	bility Company were filed on	1 19 21 and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t		<u>ere</u> :
The new name must be distinguishable and contain the wor	rds "Umited Liability Company," the c	Besignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical (Principal office address MUST BE A STREET)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address		records, enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Finer Flo	rida street address
		Florida

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			□Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
			□Change
		<u> </u>	□Add
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			□Change
			□Add
			□Remove
			□Chan

Page 2 of 3

	Amend	LLC	purpose	to	"General	Purpose
*****				<u> </u>	<u> </u>	
	-					
effective <u>e:</u> If the		t be specific and ock does not r	d cannot be prior to date meet the applicable s	e of filing or	(optiona more than 90 days after fili ing requirements, this da	ng.) Pursuant to 605,02
ecord ne 90t	specifies a delayed h day after the reco	effective of the filed.	date, but not an	effective	time, at 12:01 a.m	n. on the earlier
ed	1/4/34		Selle Ois member or authorized	/* "		
	(/now	alle Cu	rej	<u> </u>	