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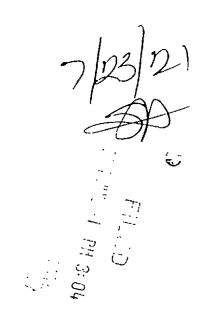
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COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Section Division of Corporations	
SUBJECT: Brick And Mortar Name of Limited Li	ability Company
The enclosed Articles of Amendment and fee(s) are submitted	for filing.
Please return all correspondence concerning this matter to the	following:
Nadine	L. FreeS Name of Person
Brick And	Mortan Office LLC Firm/Company
13909 He	Address
Tampa, FL City nadinelfre	33625 /State and Zip Code es egmail. com
E-mail address: (to be u	sed for future annual report notification)
For further information concerning this matter, please call:	
Nadine L Frees Name of Person	at (479) 234-9573 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$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: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

K And Mortar office, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ____ Florida document number <u>L 21000055140</u> 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 "LLC." 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

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
MGR	Michelle A-Carlin	13909 Henson Cr	X IAdd
		13909 Henson Cir Tampa, FL 33625	Remove
			□Change
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more te: If the date inserted in this block does not meet the applicable statutory filing re- ument's effective date on the Department of State's records	(optional) than 90 days after filing.) Pursuant to 605.0207 equirements, this date will not be listed as
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on t s filed.	the earlier of: (b) The 90th day after the
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ed 6/24/ 2021	,
Madie of Ason	
Signature of a member or authorized representative of a	a member
t .	
Nadine L. Frees Typed or printed name of signee	· · · · · · · · · · · · · · · · · · ·

Filing Fee: \$25.00