

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000159606 3)))



H220001596063ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

			<u> </u>				
	To:	Division of Corporations Fax Number : (850)617-6383	3				
-3 AMII:29 	annual	Account Name : REGISTERED ACCOUNT Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1016 email address for this business report mailings. Enter only one	entity to be used for future per email address please.**				
2022 HAY -	LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SHE CAN ADVENTURE, LLC						
02		Certificate of Status	0				
		Certified Copy	0				
		Page Count	94 \$25.00 C				
		Estimated Charge	\$25.00 C. BRUMBLEY				

MAY - 4 2022

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHE CAN ADVENTURE, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) _iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L2100058869	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 Liabil	lity Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	7901 4th St N STE 300	
(Principal office address MUST BE A STREET ADDRESS)	St. Petersburg, FL 33702	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2022 HAY
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter the nam</u>	e of the new registers
New Registered Office Address:	Enter Florida street address	
	Florida	
	City	Zin 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
MGR	OVEN, NATALIE G	PO BOX 915284	
		LONGWOOD, FL 32	2791 Remove
			□Change
anna diveletterer			□Add
			□Remove
			□Change
			□Remove
			□ Change
			□Add
			□Remove
			□Change
		All the state of t	🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			Chann

Note: If the date inserted in t	the date of filing:
he record specifies a delayed et ord is filed.	ffective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated May 3rd	
DIT	Signature of a member or authorized representative of a member
<u> </u>	Signature of a member or authorized representative of a member
Riley Par	·k
Tricy i ai	Typed or printed name of signee

Filing Fee: \$25.00