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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer;	

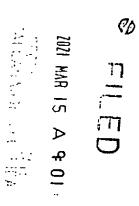
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COVER LETTER

TO: Registration Se Division of Cor			•	
ERUDITE	ENCOUNTERS LLC			
SUBJECT:	Name of Lim	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
	Rashida Biggs			
		Name of Person		
	Erudite Encounters			
		Firm/Company		
	19680 NW 82nd Court			
		Address		
	Miami, Fl 33015			
		City/State and Zip Code		
	rashidabiggs@gmail.com E-mail address: (to be used for future annual report notifi	cation)	
For further information co	oncerning this matter, please c			
Rashida Biggs		305 218-4529	191	₹8
Name of	f Person	at () Area Code Daytime	Telephone Number 201 HAR	רו־
			R 15	*
Enclosed is a check for th	ne following amount:			111
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)	D
Mailing Addres Registration S		Street Address: Registration Sec	tion [']	

Registration Section 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

ERUDITE ENCOUNTERS LLC	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L21000074987	were filed on February 12, 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	18459 Pines Blvd
(Principal office address MUST BE A STREET ADDRESS)	Suite 105
	Pembroke Pines, FL 33029
Enter new mailing address, if applicable:	18459 Pines Blvd
(Mailing address MAY BE A POST OFFICE BOX)	Suite 105
	Pembroke Pines, FL 33029
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	
	Florida Street address
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	5. N

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	Rashida Biggs	19680 NW 82nd Court	□Add
		Miami, F1. 33015	□Remove
			■Change
MGR	Nilaja Biggs	18312 SW 5th Court	\exists Add
		Miami, FL 33029	□Remove
			□Change
			□Add
			Remove
			□Change
			□ Add Add Remove
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Filing Fee: \$25.00