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COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT:	STITCHD Name of Limit	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.			
Please return all correspo	ndence concerning this matter t	o the following:			
	Kar	eem Hunter Name of Person			
		Firm/Company			
	1951 Fawn 1	<u> 1eadow Circle</u>			
	Saint Clau	City/State and Zip Code			
		o be used for future annual report notific	eation)		
For further information c	oncerning this matter, please ca	11:			
Karlen H	UNIC f Person	at (<u>334</u>) <u>443</u> — Area Code Daytime	Telephone Number	_	
Enclosed is a check for the	ne following amount:				
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing F Certificate of Certified Copy (additional copy i	Status &	C.
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Mailing Addres Registration S	Section	Street Address: Registration Sect		APR 2;	!
Division of C P.O. Box 632 Tallahassee, I	7	Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL 3	llahassee Street, Suite 810	P 12: 5:	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ed 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 Febuary 22, 2001 and assigned Florida document number \21000077519. 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 "L.L.C." 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>	<u>Address</u>	Type of Action
MGR_	Kareem Hunter	1951 Fawn Wedow Circle St Clave	1,F1 377 2 Add
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