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SECRETARY OF STATE STATE OR SOURCE OF STATE

COVER LETTER

Tallahassee, FL 32314

TO:	Registration Se Division of Cor		
SUBJI	ест:		LOTIONS, LLC ited Liability Company
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.
Please	return all correspo	ondence concerning this matter	to the following:
		MARC	SUS BENJAMIN Name of Person
			Firm/Company
		78.	70 N.W. SYTY COURT
		LAUS PLA E-mail address:	City/State and Zip Code OP Dia O Aol. Com to be used for furdre angual report notification)
For fu	ther information of	concerning this matter, please c	· ·
	MARCUS Name o	S BENJAMI of Person	at (954) 204-9665 Area Codd Daytime Telephone Number
Enclos	ed is a check for t	he following amount:	
\$ \$2	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy is enclosed)
	Mailing Addre Registration Division of C P.O. Box 632	Section Corporations	Street Address: 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

FILED CLCHETARY OF STATE UTVISION OF CORPORATION

Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number <u>L. 210000</u>	mpany were filed on and assigned
This amendment is submitted to amend the following:	•
A. If amending name, enter the new name of the limite	.
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7870 N.W S4TH CT
(Principal office address MUST BE A STREET ADDRE	61 0005
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	MARCUS BRNJAMIN
New Registered Office Address:	7870 N.W. SH CONT Enter Florida street address
LA	City Florida 3335

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 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	21 HAR 22	AMII: 05 Type of Action
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