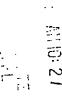
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,	,	
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PICK-UP	] WAIT	MAIL
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## Sunshine State Corporate Compliance Company

## 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 07/21/2021	-	•	*WALK IN*
ENTITY NAME Itineran	t LLC		
DOCUMENT NUMBER_			
	**PLEASE FILE TH	HE ATTACHED AND RETURN**	
XXXXX	Plain Copy		
	Certified Copy		
	Certificate of Status		
<del></del>	Certified Copy of Arts Certificate of Good Sta		
	**APOSTILLE' / I	NOTARIAL CERTIFICATION**	
COUNTRY OF DESTINAT	TION		
NUMBER OF CERTIFICA	TES REQUESTED		
TOTAL OWED \$25.00	······································	ACCOUNT #: I20160000072	
		S 87/10	
Places and Time at t	ha ahana mumham han	any issues or concerns. Thank you so mu	chl

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Itinerant LLC		
(Name of the Limited Liability Comp (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 $\frac{L21000081736}{L21000081736}$ .	were filed on <u>02/17/2021</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	
(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 register
agent and/or the new registered office address here:	<u></u>	说: 岩 …
Name of New Registered Agent:		: 28
New Registered Office Address:	Enter Florida street address	
	, Florid	a
	City	Zip 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>	<u>Address</u>	Type of Action
AMBR	Rosa Maria Robertson	8770 Southwest 12 Street	
		APT 206	= Remove
		Miami, FL 33174	□Change
AMBR	Ethereal Innovations	8770 Southwest 12 Street	<b>∃</b> Add
		APT 206	□Remove
		Miami, FL 33174	_
			□Add
			□Remove
			□ Change
			□Add
			□Remove
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fective date, if other than the effective date is listed, the date in ote: If the date inserted in this ocument's effective date on the	oust be specific and block does not m	cannot be prior t cet the applica	o date of filing or ble statutory fili	more than 90 days a	ptional) fler filing.) Pursuant this date will not l	to 605.0207 ( be listed as t
record specifies a delayed effect is filed.	tive date, but not a	an effective tin	ne, at 12:01 a.m	. on the earlier of	: (b) The 90th da	y after the
ated	,	2021	_•			
	Maria Roberts Signature of a n					
	Simpotures of a m	ember or author	azed representativ	e of a member		

Filing Fee: \$25.00