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Tallahassee, FL 32314

TO: Registration So Division of Cor							
The Knup	Feam LLC						
SUBJECT:	Name of Lim	ited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:					
	Ryan Knuppel						
		Name of Person			_		
	Rewritten Life LLC						
		Firm/Company	··		_		
	19047 Blueleaf St.					Page 19	
		Address					•
	Orlando, FL 32827						
	ryan@rewrittenlife.com	City/State and Zip Cod	de		TARY OF STANDAMPSSEE.	5 PH	
	_	to be used for future annu	ual report notific	ation)	4.5.7.7.7.8.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3	3: 30	
For further information of	concerning this matter, please ca	ali:			AIE AIE	30	
Ryan Knuppel		309 at ()	6964092				
Name (of Person	Area Code	Daytime T	Telephone Number	er	_	
Enclosed is a check for t	he following amount:						
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing For Certified Copy tadditional copy is		Certifie	ate of S	tatus &	
<u>Mailing Addre</u> Registration	Section	Regis	Address: stration Secti				
Division of C P.O. Box 633			sion of Corpo Centre of Tal				

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

DocuSign Envelope ID: 350A93D3-CA53-47D8-B037-05225898B30A

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Knup Team LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) d Liability Company)	_
The Articles of Organization for this Limited Liability Compared Florida document number 121000097008	ny were filed on $\frac{3/1/2021}{}$ and	1 assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
Rewritten Life LLC		
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the abbreviatio	n "lL.C."
Enter new principal offices address, if applicable:		3
Principal office address MUST BE A STREET ADDRESS)	ALL	<u> </u>
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>	FARY OF STATE	
B. If amending the registered agent and/or registered officagent and/or the new registered office address here:	e address on our records, <u>enter the name of the</u>	e new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City Zip C	iode:

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

DocuSign Envelope ID: 350A93D3-CA53-47D8-B037-05225898B30A ri amending Authorized rerson(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
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			□Remove
-			□Add
			□Remove
			Change
		E Property of the Control of the Con	
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Tective date, if other than the date of filing:		(optional)		
in effective date is listed, the date must be specific and cannot be prior to date of	filing or more than 90 da	ys after filing.) I	ursuant t	o 605.0.
ote: If the date inserted in this block does not meet the applicable statuscument's effective date on the Department of State's records.	nory ming requireme	ms, mis date w	THE HOL DI	e nstea
record specifies a delayed effective date, but not an eff The 90th day after the record is filed.	ective time, at 12	2:01 a.m. o	n the e	arlier
6/2/2024				
nted				
DocuSigned by:				
Kyan L. Enuppel A571527979084DC. Signature of a member or authorized repr	accentative of a manufact			_
A571527979084DC Signature of a memoer or authorized repr	esemanive of a member			

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