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Y. SCOTT FEB 1 9 2022

COVER LETTER

TO: Registration S Division of Co				
	DRA'S SHOP LLC		•	
SUBJECT:	Name of Lir	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.		
Please return all correspondent	ondence concerning this matter	r to the following:		
	MICHELENE DESRAVI	NES		
		Name of Person		
	ALEXANDRA'S SHOP L	LLC		
		Firm/Company	·	
	253 SARATOGA BLVD	E		
		Address	516	2027
	WEST PALM BEACH, F	L 33411		7022 FEB
	MDESRAVINES@HOTM	City/State and Zip Code AIL.COM	2.5 2.5 2.5 2.5	_
	E-mail address:	(to be used for future annual report noti	fication)	P
For further information c	concerning this matter, please c	rall:		2:14
MICHELENE DESRAV	INES	561 214-2561		
Name o	of Person	at () Area Code Daytim	e Telephone Number	_
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing by Certificate of Securitied Copy (additional copy i	Status &
Mailing Addres Registration S		Street Address:	vion	
Division of C		Registration Sec Division of Cor		
P.O. Box 632	7	The Centre of T	-	
Tallahassee, I	FI. 32314	2415 N. Monro	e Street Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALEXANDRA'S SHOP LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on $\frac{03/11/2021}{}$ and a	ssigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
PRUDENT PICKS, LLC	20	
The new name must be distinguishable and contain the words "Limited L	7***	 L.L.C." ==
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	グロ つ	
Enter new mailing address, if applicable:	A P	_
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered offi gent and/or the new registered office address here:	ice address on our records, enter the name of the no	ew regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
 -	Florida City Zin Code	<u></u>
	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>	Address	Type of Action
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			🗀 Remove
		-	□Change
			□Add
			□ Remove 2022
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f an effective date	, if other than e is listed, the date	must be specific a	and cannot be p	prior to date of fi	ling or more than	(optional) 90 days after filing	r.) Pursuai	nt to 605.020
vote: If the da	te inserted in thi ective date on th	is block does no	ot meet the ap	plicable statut	ory filing require	ements, this date	will no	t be listed a.
		·						
record specific d is filed.	es a delayed effe	ective date, but r	10t an effectiv	⁄e time, at 12:€)1 a.m. on the ea	urlier of: (b) Ti	he 90th c	lay after the
	NDV 01		2022					
FEBRUA	AKY, 04							
Pated FEBRUA	ARY, 04	<u> </u>		•				

Typed or printed name of signee