## L21000133250

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## **COVER LETTER**

Division of Corporations	
SUBJECT: ZSEnce Daddy 1 L-	A Linking Community
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The enclosed Articles of Amendment and fee(s) are subm.	itted for filing.
Please return all correspondence concerning this matter to	the following:
Peta Gay	1 ,
F) Sence pac	Firm/Company
	idan 57. 7. 1039 Address
Holly Wood	Fl 33021 City/State and Zip Code
essence hade E-mail address: (to	dy (a) essence haddy. Com be used for future annual report notification)
For further information concerning this matter, please call:	
Pata-Gay Parris	at (561) 324-3976. Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$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 Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address:  Registration Section  Division of Corporations  The Centre of Tallahassee  2415 N. Monroe Street. Suite 8106  Tallahassee. FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Issence haddy LL	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2100013325</u> 0	were filed on Narch - 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ity 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 a agent and/or the new registered office address here:	iddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	C)
New Registered Office Address.	Enter Florida street address
	. Florida 😤
	City — Zip Code
New Registered Agent's Signature, if changing Registered Agent:	> 11
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and Lam familiar with and provided for in Chapter 605: F.S. OP if this document is

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
1 <u>GR</u>	Manager	5924 Sheridanst \$103 9 Henywood Fl 33021.	iXdd
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Note: If the date inser	rted in this block does i	not meet the applica	ble statutory filing	; requirements; this	daÈwill∶	not be listed as t
document's effective o	date on the Department	of State's records.		-	<u>-</u>	÷ }
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	layed effective date, but	t not an effective tin	ne. at 12:01 a.m. o	n the earlier of; (b)	T <u>]so</u> 90t	h day after the
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		of a member or author				
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