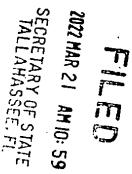
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer: Spoke to Valcen Profet, oh to make corrections. (LLC Suffly)
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Office Use Only



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COVER LETTER

TO:

Registration Section

Division of Corporations Peculiar Locs SUBJECT: ______ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Valeen Profit Name of Person Firm Company 1000 N Australian Ave Address West Palm Beach, FL 33401 City State and Zip Code virtuouscrownslle@gmail.com E-mail address; (to be used for future annual report notification) For further information concerning this matter, please call: 503-0648 Valeen Profit Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$60,00 Filing Fee. 🗎 \$55,00 Filing Fee & ≣ \$30,00 Filing Fee & □ \$25.00 Filing Fee Certificate of Status & Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Peculiar Locs L.L.C. 2022 MAR 21 AM IO: 59

(Name of the Limited Liability Company as it now appears on ou SEGRETARY OF STATE (A Florida Limited Liability Company) TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company	were filed on 03/22/2021 and assigned		
Florida document number <u>L21000134332</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
Virtuous Crowns LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L. C."		
Enter new principal offices address, if applicable:	1000 N Australian Ave		
(Principal office address MUST BE A STREET ADDRESS)	West Palm Beach, FL 33401		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
D. M Const	Allow and the state of the stat		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	nuaress on our records, enter the name of the new registered		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
·	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, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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			□ Remove
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ilf an c <u>Note</u>	effective date is listed, the date must be : If the date inserted in this block ment's effective date on the Depa	specific and cannot be priced to specific and meet the apple	icable statutory filing requ	m 90 days after filling.) Pursuant to	605,0207 listed as
f the rec ecord is	ord specifies a delayed effective di filed.	ate, but not an effective	time, at 12:01 a.m. on the	earlier of: (b) The 90th day :	ifter the
		7(1.7.7			
Date	d 03-18 d =				

Typed or printed name of signee

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