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| Certified Copies | _ Certificates | of Status |
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| Special Instructions to | Filing Officer: | |
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| TO: Registration Se Division of Cor | | | | | |
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| SUBJECT: BY | anded by Name of Lim | Lauder Dude ited Liability Company | , LLC | | |
| | Amendment and fee(s) are sub | - | | SECRETARY | <u> </u> |
| riease return att correspo | Tames | Name of Person | r | ANTI: 13 | |
| | Branda | ed by Laude Firm/Company | er Dude | | |
| | 400 NE 3ro | L Avenue, Apt | 1613 | | |
| | Fort Lau jimpitto E-man address: (1) | City/State and Zip Code City/State and Zip Code Cuga (2 g mail. To be used for future annual report notif | cida 3330 Com | 31 | |
| For further information c | oncerning this matter, please ca | all: | | | |
| James Name o | Pittaluga f Person | at (732)55 Area Code Daytime | 1-4363 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) | S60.00 Filing Certificate of Certified Cop (additional copy | Status & y | |
| Mailing Addres | | Street Address: | otion | | |

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

110

Readed b Landar Duda

| (Name of the Limited Liability | Company as it now appears of Limited Liability Company) | n our records.) | |
|--|--|--------------------------------------|-------------------|
| The Articles of Organization for this Limited Liability Co | ompany were filed on | a/2aia | nd assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited by Tim The new name must be distinguishable and contain the words "Limited". | LLC | | ion "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRE | <u> </u> | | 201 |
| | | に (大) (大) (大) (大) (大) | |
| Enter new mailing address, if applicable: | | <u> </u> | |
| (Mailing address MAY BE A POST OFFICE BOX) | | हैं। हिं | |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | office address on our reco | rds, <u>enter the name of tl</u> | ne new registered |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | Enter Florida . | street address | <u>.</u> |
| | | , Florida | |
| | City | | 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 Changing Registered Agent, Signature of New Registered Agent

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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| fective 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 opter. If the date inserted in this block does not meet the applicable statutory filing require | 90 days after filing.) Pursuant to 605,020 |
| cument's effective date on the Department of State's records. | |
| record specifies a delayed effective date, but not an effective time, a | t 12:01 a.m. on the earlier o |
| The 90th day after the record is filed. | t 12.01 a.m. on the earner t |
| 7/2/20 | |
| ited / (8 ff | |
| Jun Glewinge | |
| Signature of a member or authorized representative of a mem Tames Pittaluas | nber |

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