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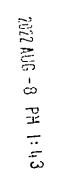
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Emily KINZET L Nume of 1	LC .
Name of I	imited Liability Company
The enclosed Articles of Amendment and fee(s) are s	submitted for filing.
Please return all correspondence concerning this matt	ter to the following:
Emily (Name of Person
Emily	Kinzer LLC Firm/Company
•	Firm/Company
4728 Sabas	1 Key Prive
Bradenta	1 FL 34203 City/State and Zip Code
e mily pon E-mail suddress	In Chored in Media (om s: (to be used for future annual report notification)
For further information concerning this matter, please	e call:
Emily Crews	at (941) 102 - 2407 Area Code Daytime Telephone Number
Name of Person	Area Code Dayune relephone Number
Enclosed is a check for the following amount:	
\$25,00 Filing Fee \$\Bigsiz \\$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & ☐ \$60,00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
D' The CO C	D'a 'a' and Comment' and

Registration Section
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

Emily Kir	iter LLC		2022 AUG -	8 PM 1:43	
(Name of the Limited	d Liability Company A Florida Limited Liab	as it now appear othty Company)	on our records.)		
The Articles of Organization for this Limited Lia Florida document number <u>L2 000 15 (</u>		ere filed on	4/4/21	and assign	ed
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liabilit	y company he	<u>re</u> :		
The new name must be distinguishable and contain the wo	ed 10 Murds "Limited Liability	edia LLC Company," the de	signation "L1.C" or th	ne abbreviation "L.L.C.	
Enter new principal offices address, if applica (Principal office address MUST BE A STREET					
	-				
Enter new mailing address, if applicable:	_				
(Mailing address MAY BE A POST OFFICE B	<u> </u>				
	_			. .	
B. If amending the registered agent and/or re agent and/or the new registered office address		iress on our re	cords, enter the r	name of the new re	gistered
Name of New Registered Agent:	Emily	(vews	(married -	update from	Kinzer
New Registered Office Address:		Rutau Elaw	da street address		
		rmerrion			
		City	, Florida	LZip 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
MAR	Emily Crews		□Add
	<u>\</u>		□Remove
	>	Change Kinzer to Crews to reflect New legal name (marrie	\Z\Change
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