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COVER LETTER

TO: Registration Section Division of Corporations	,
SUBJECT: Aue Some ImpAct LLC 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:	
JAMES Doughirty Name of Person	-
Anesone Inpart LLC Film/Company	-
6410 Timucianis Dr. Address	-
City/State and Zip Code Aucson in pacter Ver, zon. net E-mail address: (to be used for future annual report notification)	
Awe Son & most to Ver, zon net E-mail address (to be used for future annual report notification)	2021 DEC -3
For further information concerning this matter, please call:	$\frac{1}{\omega}$. $\frac{1}{\omega}$
Janus Daughety at (863) 660 4310 Name of Person Area Code Daytime Telephone Number	F2 69
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	ite of Status &
Mailing Address: Registration Section Street Address: 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

Awesone Insact	LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Diability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L 21000170665</u>	were filed on 4-13-2021	and assigned	l
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbi	reviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<i>MA</i>		_
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	— <i>////</i>		
			—
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name	of the new regi	<u>iste</u> rec
Name of New Registered Agent:	11/0	<u>:</u>	
New Davistand Office Address	7077)21 C	The
New Registered Office Address:	Enter Florida street address		— <u>i</u>
	, Florida	- <u></u> -	- 444
	City	Zip Code 🙄	
New Registered Agent's Signature, if changing Registered Agent:		<u>.</u>	قمعه.
I hereby accept the appointment as registered agent and agree 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 I am fa- provided for in Chapter 605, F.S. Or, if	miliar with and this document	d

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 Title Type of Action Name MGR SAMES Dougherty 6410 Timucuans Dr. Midd LAKeland, F/ 33813 Remove ___ Change MGR Lori Dougherty 6410 Timucuans Dr. Badd ☐ Change __ 🗆 Add ___ Change ____ □ Add ☐ Change

Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) P Nate: If the date inserted in this block does not meet the applicable statutory filing requirements, this date w document's effective date on the Department of State's records. The following is a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The filing is filed. Dated 11-30-2021	
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Dated 11-30-2021	90th day after the
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Signature of a member of authorized representative of a member	
Signature of a member or authorized representative of a member Ames out an entry Typed or printed name of signee	

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