

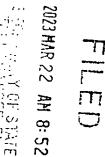
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COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Family Doodles LL 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: |
| Name of Person |
| Family Dadles LLC |
| 1796 BROCK et age 2d |
| LISSIMMER, FL 34744 City/State and Zip Code |
| E-mail address: (to be used for future annual report-notification) |
| For further information concerning this matter, please call: |
| Samartha Soula at (305) 613 - 3054 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: \$25.00 Filing Fee \$\Bigsquare \$30.00 Filing Fee & Certificate of Status \$\Bigsquare \$55.00 Filing Fee & Certificate of Status & |
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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 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Family Dood | iles LLC |
|---|--|
| (<u>Nume of the Limited Liabi</u> (A Florid | lity Company as it now appears on our records.) da Limited Liability Company) |
| The Articles of Organization for this Limited Liability (Florida document number L21 000180 260 | Company were filed on $4 - 10 - 2021$ and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the lim Hy Swelt Doo The new name must be distinguishable and contain the words "Lir | mited liability company here: Company Com |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADD | RESS) |
| | 2023 HAR |
| Enter new mailing address, if applicable: | 2 2 |
| (Mailing address MAY BE A POST OFFICE BOX) | SS D R |
| B. If amending the registered agent and/or registere agent and/or the new registered office address here: | ed office address on our records, enter the name of the new registered |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| | , Florida |
| | Cut. Sib 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, 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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| If amer | iding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| f an effec <u>Note:</u> I | tive date, if other than the date of filing: |
| record d is file | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d. |
| ated _ | March 17, 2023. |
| | Mr. |
| | Signature of a member or authorized representative of a member |
| | Samantha Sousa |
| | Typed or printed name of signee |