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TO:	Registration Section
	Division of Corporation
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The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DARRY IT RICHARDSON SR		
Name of Person	nQ	Simiethmore
201 mission Hills AVC		
Address	1	
Temple Temper, FL 33617 City/State and Zip Code	: . •	
City/State and Zip Code Orry richard son Sray & mail. Com E-mail address: (to be used for future annual report notification)	~	

For further information concerning this matter, please call:

· SARRI	15 Rich	nælsa	S2 at (\$13)	110-8492
	Name of Person		Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 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 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

DARY L. GOUL,	met Wings AND Some HMDORF LLC lability Company as it now appears on our records.) lorida Limited Liability Company)
(Name of the Limited Li	lorida Limited Liability Company)
The Articles of Organization for this Limited Liabili Florida document number <u>L21000</u> 2025	Sorida Limited Liability Company) Hity Company were filed on $Apri / 30,2021$ and assigned 57.2
This amendment is submitted to amend the following	
A. If amending name, enter the new name of the	e limited liability company here: inc So Much More L L C "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicables (Principal office address MUST BE A STREET AL	2016 11:1/ 12 11
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u></u>
agent and/or the new registered office address he	
Name of New Registered Agent:	Olmission Hills AVE T Enter Florida street address
New Registered Office Address:	0/mission Mills Are
<u> </u>	Temple Tean, F., Florida FL 334, 7 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 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>	Name C	Address	Type of Action
MGR	DARRY TRICHARDS, SA	Temple Tenn, FL 33617	DAdd
		TempleTen, FL 33617	□Remove
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f amending a	any other information, enter change(s) here: (Attach additional sheets, if necessary)
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<u></u>	n ADDINGME DARRY TICK HARDS
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Effective date	e, if other than the date of filing: (optional)
	te is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) ate inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
	fective date on the Department of State's records.
record specifi d is filed.	ies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
(
Dated	[4 [2]]
	() (Makes le 14
	Signature of a member of authorized representative of a member
	JARRUL J. RicHARDSON SP
1	JARRUL J. MICHARDSON JR