Note: Please print this page and use it as a cover sheet. Type the fan audit number (shown below) on the top and bottom of all pages of the document.

(((H22000364027 3)))

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Note: DO N	OT hit the REFRESH/RELOAD button on your brown Doing so will generate another cover sheet.	16
To:	Division of Corporations Fax Number : (850)617-6383	SEURETARY OF STATI
From:	Account Name : CAPITOL SERVICES, INC. Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622	SEE, FL
	1 Address:C AMND/RESTATE/CORRECT OR M/MG	
	OBSESSED WITH THE BUYER LLC Certificate of Status 0	<i>:</i>
	Certified Copy 1	
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		C. BRUMBLE)
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Electronic Filing Menu

P.O. Box 6327

Tallahassee, FL 32314

COVER LETTER

TO: Registration Division of	n Section Corporations		(((H22000364027 3)))			
	SSED WITH THE BUYER LLC					
SUBJECT:	Name of Lin	nited Liability Company	 _			
The enclosed Article	s of Amendment and fee(s) are sub	omitted for filing.				
Please return all con	respondence concerning this matter	to the following:				
		Name of Person				
		Firm/Company				
		Address				
		City/State and Zip Code				
E-mail address: (to be used for future annual report notification)						
For further informat	ion concerning this matter, please o					
Na	me of Person	at () Area Code Daytime	Telephone Number			
Enclosed is a check	for the following amount:					
☐ \$25.00 Filing Fo	ce \$30.00 Filing Fcc & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certifical Copy (additional copy is enclosed)			
<u>Mailing Ac</u> Registrati	Idress: ion Section	Street Address: Registration Sec	ction			
	of Corporations	Division of Corp The Centre of T	porations			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H22000364027 3)),

ARI		ORGANIZATION				
	О	F	S 2			
			78			
OBSESSED WITH THE BUYER						
(Name of the Limi	(A Florida Limited I	ny as it now appears on our records liability Company)	······································			
		MAY 10 2021	Sand assigned			
The Articles of Organization for this Limited L	iability Company	were filed on MAY 10, 2021	ánd assigned			
Florida document number 1.21000215521	·		D F			
This amendment is submitted to amend the following	lowing:		### 31 12			
A. If amending name, enter the new name of	of the limited liab	ility company here:				
Karen O'Boyle Advisory LLC						
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."			
Enter new principal offices address, if appli	cable:	50 Biscayne Blvd.				
		Unit #4610				
Trinegia office address most in 1101101	rincipal office address MUST BE A STREET ADDRESS)		Miami, FL US 33132			
Enter new mailing address, if applicable:		50 Biscayne Blvd.				
(Mailing address MAY BE A POST OFFICE	Mailing address MAY BE A POST OFFICE BOX)		<u> </u>			
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:		address on our records, <u>enter</u>	the name of the new registered			
N. D. C. LOW. Allenn	50 Biscavne Bl	vd., Unit #4610				
New Registered Office Address:		5				
	Miami	ta.	orida 33132			
		City	Zip Code			
New Registered Agent's Signature, if changing	Registered Agent:					
			ether garee to comply with the			
I hereby accept the appointment as register provisions of all statutes relative to the proj	ea agent ana agr per and complete	ee to act in this capacity. I ful performance of my duties, an	nd I am familiar with and			

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.

/s/ Karen O'Boyle	
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 = AMBR =	Manager Authorized Member		(((H22000364027 3)))
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			□Remove
			Change
			□Remove
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			□Remove
			Change
			С Rетюче
			Change

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if amending	g any other inform	ation, enter cl	nange(s) here	: (Attach add	ditional sheets,	if necessary.)	
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Note: If the	ate, if other than the date is listed, the date me date inserted in this effective date on the	block does not n	neet the applica	able statutory	or more than 90 di filing requireme	_ (optional) sys after filing.) Pu nts, this date wil	rsuant to 605.020 I not be listed a
record spect d is filed.	rifies a delayed effect	tive date, but not	an effective ti	me, at 12:01 a	.m. on the carlie	er of: (b) The 9	Oth day after the
ated Octol	per 19	·	, 2022				
,	/s/ Karen O'Boyle						
_		Signature of a	member or author	rized represent	ative of a member	,	
F	(aren O'Boyle						
_			Typed or printe	ed name of sign	ce		

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Filing Fee: \$25.00