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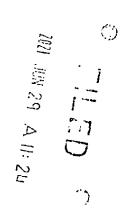
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COVER LETTER

FO: Registration Section Division of Corporations	
SUBJECT: 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:	
Louann, LLC Firm/Company 1509 Lee Couft Address Lake Worth Fl 33461 City/State and Zip Code do Stautre as (tine & amail, Comp	
destoutre parting a gmail. com Li-mail address: (to be used for future annual Jeport notification)	.
or rurther information concerning this matter, please carr.	- \$ - \$
houis De Stout 11,561, 324-9116	
Name of Person Area Code Daytime Telephone Number	20 17
Enclosed is a check for the following amount:	A D
(additional copy is enclosed) Certified C	of Status &

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

- Louann LC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	<u>any as it now appears on our re</u> Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company	were filed on <u>5 - 17 -</u>	2021 and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
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 applicable:		
(Principal office address MUST BE A STREET ADDRESS)	-ha	
Enter new mailing address, if applicable:	- 1-	
(Mailing address MAY BE A POST OFFICE BOX)	-ha	-
B. If amending the registered agent and/or registered office a	address on our records, <u>er</u>	iter the name of the new registered
agent and/or the new registered office address here:		2
N CN D	,	
Name of New Registered Agent:	\bigcap	2
New Registered Office Address:	Enter Florida street ad	<u> </u>
	•	, Florida
	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 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
	Anne E. Destout		□Add
MGR			□Remove
	Change	TITLE	Tenange
	OF	2	□Add
			□Remove
MGR	Anne Destout	1509 Lee Ct	ZAdd
		Lake Worth FL 3346	L PRemove 3
			Change-
			D□Add I
			N □ Remove
		-	☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Chance

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary,) ease amend Anne Destoutis to Anne Destout as MGR E. Effective date, if other than the date of filing: (optional) (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.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed.

Typed or printed name of signee

Louis De St