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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	: #)
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(Do	cument Number)	
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2022 SEP 16 AM 8: 02 SECRETARY OF STATE

(12 holz 112)

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Name of Lim	PRO L. C.	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Monci	Name of Person	
	Dollskin	Firm/Company	
	2328 10th G	e NSJK101 Address	
	Late Worth	, FL 3346 / City/State and Zip Code	
	dollsking E-mail address: (i	be used for future annual report noti	tication)
For further information c	oncerning this matter, please ca	all:	
Mame o	f Person	at (5001) Daytim	e Telephone Number
Enclosed is a check for th	ne following amount:		
S25.00 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

FILED

Doll thin Pho L	16		2022 SEP 16 AM 8: 02
(Name of the Limited Liabili (A Florida	ty Company as it no Limited Liability C	ow appears on our records.) ompany)	SECRETATOR OF STATE TALLAHASSEE, FL
The Articles of Organization for this Limited Liability C Florida document number <u>L210002325</u>		ed on 5/19/2005	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit. The new name must be distinguishable and contain the words "Limit."	\mathcal{C}		or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	RESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address (on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street address	
			d.
	City	Flori	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>	<u>Name</u>	Address	Type of Action
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
		□Change	
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(If an effe Note:	ve date, if other than the date of filing: (optional) cetive 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 lf the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
f the rec b) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated :	Signature of a member of authorized representative of a member
	Typed or printed name of signee