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COVER LETTER

TO:

TO: Registration Section Division of Corporations	
SUBJECT: ADSNIEY, LLC	
Name of Lim	nited Liability Company
The enclosed Articles of Amendment and fee(s) are sub	omitted for filing.
Please return all correspondence concerning this matter	to the following:
Ashley Ojea	
	Name of Person
ADSNIEY, LLC	,
	Firm/Company
4234 D'ESTE	CT unit 104
Lake worth, a ashley Ojea @c	
For further information concerning this matter, please of	
ASMICY OJCA Name of Person	at (501) 358 - 1717 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	Stea Allag
\$25.00 Filing Fee Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee. Certified Copy (additional copy is enclosed) 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

(Name of the L	(A Florida Limited Liability Company)	r records.)
The Articles of Organization for this Limite	this Limited Liability Company were filed on	
Florida document number <u>L2100027</u>	submitted to amend the following: me, enter the new name of the limited liability company here: distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." al offices address, if applicable: diress MUST BE A STREET ADDRESS)	
This amendment is submitted to amend the	following:	
A. If amending name, enter the new nam	ne of the limited liability company here:	
The new name must be distinguishable and contain to	the words "Limited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if ap	oplicable:	
(Principal office address MUST BE A STI	REET ADDRESS)	
Enter new mailing address, if applicable:	:	
(Mailing address MAY BE A POST OFFI	ICE BOX)	
		21
B. If amending the registered agent and/ agent and/or the new registered office ad	or registered office address on our record dress here:	s, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	<u> </u>
		. Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

ADCHIEN ILC

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
AMBR	Ashley Marie Osea	4236 D'ESTE CT Unit 104	[\$\int Add
		Lake worth, FL, 33467	□Remove
			□Change
MGIR	Ashley Marie Ojca	4236 D'ESTE CT Unit 104	MAdd
		Lake Worth, FL, 33467	□Remove
			Change
			□Add
			□Remove
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fective date, if other in effective date is listed, to ote: If the date inserted current's effective date	he date must be specifi I in this block does:	ic and cannot be pri not meet the app	licable statutory f	or more than 90 days a	fter filing.) Purs	uant to 605.6 not be listed	0207 d as
ecord specifies a delayer is filed.	ed effective date, bu	it not an effective	: time, at 12:01 a.	m. on the earlier of:	: (b) The 90th	h day after	the
and Time 10			·				
ated June 18							