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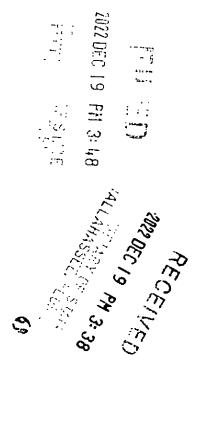
| (Red | uestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificate | s of Status |
| Special Instructions to F | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporation | | | |
|--|---|---|---|
| SUBJECT: | -avish Blu | 110 | |
| Sonater, | Name of Lim | 11C ited Liability Company | |
| | | | |
| The enclosed Articles of A | mendment and fee(s) are sub | mitted for filing. | |
| Please return all correspond | dence concerning this matter | to the following: | |
| | Ensha Sha | randas ani - Mitche Name of Person | 1 |
| | Lavish B | Plu LLC Pirm/Company | |
| | | | |
| | 2660 nu | Address | |
| | Lavderhill Erisha. Sham E-mail address: (1) | Address 1, FL 333/3 City/State and Zip Code 1 Adas ani (a) hofmail. Cl to be used for future annual report notice | 2m fication) |
| For further information cor | ncerning this matter, please ca | | |
| Erisha Shai Name of F | ndasani - Mitche Person | at (754) - 422 Area Code Daytime | c 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: | | Street Address: | ation. |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

| C |)F | F-F-ED |
|--|--------------------------------------|-----------------------------------|
| _ Lavish Blu | LLC | 2022 DEC 10 DV |
| (Name of the Limited Liability Compa (A Florida Limited | Liability Company) | ~ : |
| The Articles of Organization for this Limited Liability Company | were filed on July 13. | 2021 and assigned |
| Florida document number <u>L 21000318845</u> . | I | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Lighting and contain the words "Lighting and contain the words "Lighting and contain the words "Li | ns UC | |
| The new name must be distinguishable and contain the words "Limited Light | lity Company," the designation "Ll | LC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| | | |
| Enter new mailing address, if applicable: | <u> </u> | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, <u>ent</u> o | er the name of the new registered |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street addi | FESS |
| | | |
| | , l | Florida 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 |
|--------------|-------------|-------------|----------------|
| | | | □Add |
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| D. If amendi | ing any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| (If an effectiv <u>Note:</u> If the | date, if other than the date of filing: |
| If the record spreed is filed. | occifies 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 | Dec 19,2022 |
| | Signature of a member or authorized representative of a member |
| | Erisha Shamdasani-Mitchell Typed or printed name of signee |