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V1113 11:723	Calm & Jo							
SUBJECT	l:		nited Liability Company					
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please retu	ım all correspo	ondence concerning this matter	to the following:					
		Fred McFaul						
			Name of Person					
		Calm & Joyful						
Firm/Company					1303			
		1104 Kensington Ct			:5			
			Address		<u></u>	;		
SAFETY HARBOR, FLORIDA 34695					PH 2: 18			
City/State and Zip Code					~~			
		fredmcfaul@hotmail.com		[1]	CJ			
For further	r information c	e-mail address: (oncerning this matter, please c	to be used for future annual report not all:	ification)				
FRED MO	CFAUL		905 220-7462 at ()					
	Name o	f Person		ie Telephone Number	_			
Enclosed is	s a check for th	ne 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 For Certificate of Society Certified Copy (additional copy is	Status &			
	Tailing Addres		Street Address:	ction				
Registration Section Division of Corporations			Registration Section Division of Corporations					
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee					
			2415 N. Monro					

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CALM & JOYFUL LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on JULY 19, 2021 and assigned Florida document number L21000327531 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) ÷ : t Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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.

Enter Florida street address

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>	<u>Address</u>	Type of Action
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ctive date, if other the effective date is listed, the e	an the date of filin date must be specific an	g:d cannot be prior to d	late of filing or mo	e than 90 days af	otional) for (iling.)	Pursuant	: 10 605.02
2: If the date inserted in iment's effective date or	this block does not	meet the applicabl	e statutory filing	requirements, t	his date w	vill not	be listed
ord specifies a delayed tiled.	effective date, but no	t an effective time	, at 12:01 a.m. of	the earlier of:	(b) The	90th da	iy after th
March 20		2023					
7-	l Mc7a	·					

Typed or printed name of signce