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(Document Number)	—
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## **COVER LETTER**

	istration Sec ision of Corp				•			
end heer.	MyLyfeABo	ss Custom Designs						
SUBJECT:		Name of Lin	nited Liability Company	,				
The enclosed	Articles of A	amendment and fee(s) are sub	omitted for filing.					
Please return	all correspon	dence concerning this matter	to the following:					
		Sherita Brown						a veri lado E. v
			Name of Person	•		_		
		MyLyfeABoss Custom De	esigns					
			Firm/Company		<del></del> -	- 0 - 0 - 0	2021	
		1407 Citrus Ave.					OCT	,
			Address				=	í
		Sebring, Florida 33870				760 374 380	2021 OCT 11 PM 12: 23	[
			City/State and Zip C	ode			;; 2:	
		mylyfeaboss@gmail.com				إبرا	ယ	
		E-mail address: (	to be used for future and	nual report notificati	on)			
For further in	formation cor	ncerning this matter, please co	all:		-			
Sherita Brow	n		863 at ( )	368-9533				
	Name of I	erson	Area Code	Daytime Tel	ephone Numbe	r		
Enclosed is a	check for the	following amount:						
□ \$25.00 F	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing F Certified Copy (additional copy i	<i>t</i>	Certified	ite of Stati		
	ling Address: istration Se	ction		<u>t Address:</u> stration Section	2			
Div	ision of Co			sion of Corpora				
	Box 6327	20214	The	Centre of Talla	hassee			
Lall	ahassee, FL	. 32314	2415	N. Monroe St	reet. Suite 8	110		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	•	· · · · · · · · · · · · · · · · · · ·
		15E C
MyLyfeABoss Custom Designs		元素 号 型
(Name of the Limited Lia	bility Company as it now appears on our records.) orida Limited Liability Company)	- Justin
(Arte	orida Limited Liability Company)	
THE ADMINISTRATION OF STREET SHEETING	c July 26, 2021	Sand Assigned
The Articles of Organization for this Limited Liabilit	y Company were filed on	nand-assigned
Florida document number L21000336112	<del></del> .	12: 2: 13: 2:
		一日 い
This amendment is submitted to amend the following	<b>;</b> :	
A. If amending name, enter the new name of the	limited liability company here:	
MyLyfeABoss Custom Designs, LLC		
The new name must be distinguishable and contain the words "	Limited Liability Company "the designation "LLC" or t	the abbreviation "L.L.C."
The new hame mass be distinguishable and contain the words	Elithica Elacinty Company, the designation (ECC of t	ne abbreviation E.E.C.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DDRESS)	
	<del></del>	<del></del>
Enter new mailing address, if applicable:		
• • • • • • • • • • • • • • • • • • • •	1	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe	ered office address on our records, enter the	name of the new registered
agent and/or the new registered office address her	<u>re</u> :	
NI CNI D. Turnila in		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	<del>.</del>
	***	
<del></del>	, Florid	a 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>	Name	Address	Type of Action
AMBR	Sherita Brown	1407 Citrus Ave	<b>≡</b> Add
		Sebring, FL 33870	□Remove
		<del></del>	□ Change
MGR	Sherita Brown	1407 Citrus Ave	<b>≡</b> Add
		Sebring, FL 33870	□Remove
			□Remove
			□Change
			□Add
			□Remove
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			Remove
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			□Change

D. If amending any other inform	·, ······· <b>g</b> -(•)	(//////	and shoots, if noces	
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Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not meet the a	pplicable statutory i	(option or more than 90 days after fi filing requirements, this o	nal) ling.) Pursuant to 605.0207 (3 date will not be listed as th
he record specifies a delayed effect ord is filed.	ive date, but not an effecti	ive time, at 12:01 a	.m. on the earlier of: (b)	The 90th day after the
Dated August 9th	. 2021	·		
<del> </del>	Signature of a member or	authorized representa	tive of a member	<del></del>
Shrita Brown				
	Tunalar	printed name of signe		