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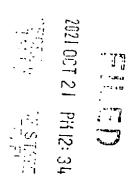
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| Certified Copies | Certificates of Status |
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| Special Instructions | to Filing Officer: |
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

| Division of Corp | orations | | |
|------------------------------------|---|---|--|
| SUBJECT: | FLOW TO 6 | | |
| | Name of Limi | ited Liability Company | |
| The enclosed Articles of A | mendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspon | dence concerning this matter | to the following: | |
| | ^ | | |
| | (HRISTOPHE | Name of Person | |
| | | Name of Person | |
| | | | |
| | | Firm/Company | |
| | 228 Mao | MHATE CIR. Address | |
| | | Address | |
| | SUNTUSE | FL 33326 | |
| | | FL 33326 City/State and Zip Code | |
| | CHRISCELI95 | 4 @ GMAIL. COM | |
| | E-mail address: (t | to be used for future annual report no | tification) |
| For further information co | ncerning this matter, please ca | all: | |
| CHRUTOPHER | G. CELL | ar (954) 649 | -3039 |
| Name of | Person | at (954) 649 Area Code Daytii | ne Telephone Number |
| | | | |
| Enclosed is a check for the | e 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 Registration Se | | <u>Street Address:</u> Registration So | ection |
| Division of Co | | Division of Co | |
| P.O. Box 6327 | - | The Centre of | • |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

SI ED FIGURE TO GREATNESS LIC

| 1 rom in checking |) | 2021 UC i 21 PH 12: 34 |
|---|-----------------------|--|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited | ny as it now appear | s on our records.) |
| (A f-lorida Limited) | Liability Company) | OF STATE TE, Find assigned |
| | . | 75, F. |
| e Articles of Organization for this Limited Liability Company | were filed on | and assigned |
| orida document number <u>L21000348731</u> . | | |
| | | |
| nis amendment is submitted to amend the following: | | |
| | *** | |
| If amending name, enter the new name of the limited liab | ility company he | <u>re</u> : |
| | | |
| e new name must be distinguishable and contain the words "Limited Liabi | lity Company," the de | signation "LLC" or the abbreviation "L.L.C." |
| • | | |
| nter new principal offices address, if applicable: | - | |
| Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| | | |
| | | |
| nter new mailing address, if applicable: | | |
| • •• | | - |
| <u> 1 Aailing address MAY BE A POST OFFICE BOX)</u> | | |
| | | |
| | | |
| If amending the registered agent and/or registered office | address on our re | cords, enter the name of the new regist |
| ent and/or the new registered office address here: | | |
| | | |
| Name - CAL and Disciplanted Assessed | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| New Registered Office Address. | Enter Flori | ida street address |
| | | |
| | City | Florida Ziv Code |
| | City | хир Соде |
| ew 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> | <u>Address</u> | Type of Action |
|--------------|---------------------|--------------------|----------------|
| MGR | CHRISTOPHER G. CELI | 558 WOODGATO CIR. | ŒAda |
| | | SUN.2138 FL, 33376 | □Remove |
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| an effect lote: If | e date, if other than the date of filing: |
| record s is filed | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| ated | OCTUBER 15TH 2021 |
| | Signature of a member or authorized representative of a member |
| | CHRISTOPHER G. CELI |
| | Typed or printed name of signee |