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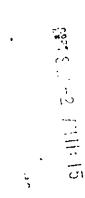
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COVER LETTER

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ΓΟ: Registration Sec Division of Corp		.	•
SUBJECT: Se	Rene Life Styl	lez LLC ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspoi	ndence concerning this matter	to the following:	
	Rhonda S	Brocks	
		Name of Person	.
		Firm/Company	
	11875 Alex	andra Dr.	
		Address	
	Jackson	Address Address Oville FL 32211 City/State and Zip Code The C. G. Mul. Combine to be used for future annual report notifi	<u> </u>
	vhork.	City/State and Zip Code	
	E-mail address: (to be used far future annual report notif	ication)
For further information co	oncerning this matter, please ca		
Khonder E	nooks)	at (904) 472 Area Code Daytime	-3321
/ Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	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 Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Sevenel & Shilez LL	<u></u>
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) I Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number $\underline{421000365551}$	by were filed on $\frac{S/i\omega/2\sigma z_1}{\omega}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1643 Gate Parkway 5 St 104-1042 Jacksunville, FL 32256
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: Rhina	La Brooks
New Registered Office Address: 7643	Gate Parkway Sk 104-1042 Enter Florida street address Sonville Florida 32256 Zip Code
Jacks	Sinville Florida 32256 City Zip Code
New Registered Agent's Signature, if changing Registered Agen	t .

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.

Runde Levels

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
MGB.	Rhonda Brooks * Tix Soelling of lust name	11875 Alexandra Dr. Jacksonville, FL 32218	□Add
	Krikop J. S. A.C.		□Remove
			□Change
			□Add
			Remove
			Change
		ħ	Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
* Registered agent - Fix Spelling of last name + liphite
addres.
* Update Zipcode on Principal mailing address
* Update spelling of 145+ name for Rhonda Brooks
Werever name applies. Thank you!
63.1 22.1
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<u> ်</u>
$Cl \cdot la$
E. Effective date, if other than the date of filing: 8/11/2e2/ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.
If the record 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 record is filed.
Dated $\frac{8/30}{}$. $\frac{2021}{}$.
Signature of a member or authorized representative of a member
Rhoda Brooks
Typed or printed name of signee