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COVER LETTER

TO: Registration Sect Division of Corpo				•
SUBJECT. Pital	new L. L. C	> ,		•
SUBJECT: _/ NUN	Name of Lin	nited Liability Company	_	
		,		
The enclosed Articles of Ar	mendment and fee(s) are sub	bmitted for filing.		
Please return all correspond	lence concerning this matter	to the following:		
	Helix He	wandly Name offerson		
	fAd/ Con	Sulting Lh	C	
	10300 d	einst Dan	A Sui	LV 45/
		Address		
	Mini	Ll 2217	2	
	- Julia /	City/State and Zip Code	5	
	FHERNAMEZEFAH E-mail address:	(OUSV/T/NG LLC) (to be used for future annual r	- COM	
For further information con-				
/	g p			
FElix A. HERL	ANDEZ	at (365) 9	124-14.	P5-
Name of Pe	erson	at (<u>365</u>) <u>9</u> Area Code	Daytime Teleph	hone Number
Enclosed is a check for the f	following amount:			
□ \$25.00 Filing Fee	S30.00 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 Ade		
Registration Sec		•	tion Section	
Division of Corp P.O. Box 6327	porations		of Corporation of Corporation of Tallaha	,
Tallahassee, FL	32314		Monroe Stree	· 1
,			see, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pitch men LhC	
(Name of the Limited Liability Company as it now appears on our (A Florida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Company were filed on 8/6	7/202/ and assigned
Florida document number <u>L2/000 384324</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The Pitchman LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation	on "LLC" 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:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, agent and/or the new registered office address here:	enter the name of the new registere
	`.
Name of New Registered Agent:	
New Registered Office Address:	\(\frac{1}{\cdot \cdot \
Enter Florida street	taddress
	, Florida
City	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
			□Remove
			□Change
			□Add
			□Change
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f an effective o Note: If the	te, if other than the ate is listed, the date me date inserted in this b ffective date on the I	ist be specific and can lock does not meet	t the applicable s	of filing or more than tatutory filing requir	(optional) 90 days after filing ements, this date) Pursuant to 605.0207 will not be listed as
	date on the p	repartment or state	. s records.			
record spec d is filed.	fies a delayed effecti	ve date, but not an	effective time, at	12:01 a.m. on the e	arlier of: (b) Th	e 90th day after the
Dated $8/$	130/2021	; <u>-</u>	/ .			
_	<u> </u>	Mac M	ny 3			
	/	Signature of a mem	ippr or authorized	representative of a mer	mber	