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COVER LETTER

Division of Corpo	orations		
SUBJECT: Do	n't State to Name of Lin	the Cun Enter prairied Liability Company	rsis, lic
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Daniel	Variate of Person	
		Firm/Company	
		Tamiamu Trial # Address	<u>365</u>
	Nokom	City/State and Zip Code	
	E-mail address: (hedo @ MSN. COM to be used for future annual report notif	Гicatioл)
For further information con	cerning this matter, please c		
Danielle T Name of P	anala	at (941) 301 Area Code Daytime	o-9840 Telephone Number
Enclosed is a check for the	following amount:		2022 JAN SECRET
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate Copy (additional copy is enclosed)
Mailing Address:		Street Address:	

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section

TO:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Don't Stare to th	e Sun, Enterprises, TEC 1
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 21 000 410 474</u> .	were filed on <u>Sept. 10, 2021</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
Don't Stare at the Sun Enter	prises, LLC
The new name must be distinguishable and contain the words "Limited Liabil	ity Company." the designation "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 a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enger Florida street address
	, 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 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
			Remove
			□Change
			🗆 🗖 🗖 🗖 dd
			□Remove
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an effecti lote: If t	date, if other than the date of filing:
record sp l is filed.	secifies 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	December 22, 2021.
	Signature of a member of authorized representative of a member