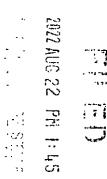
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Office Use Only



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A. BUTLER NOV 1 6 2022

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Mad	e for Man	a LLC ted Liability Company	· ,
The enclosed Articles of A	amendment and fee(s) are subm	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
	Brandy	G uarnera Name of Person	
		Firm/Company	
	1420 Mor	ning Sky Glen	
	Bradenton made form	City/State and Zip Code Nama maternity @ o be used for future annual report notifi	g gmail.com
	E-mail address: (t	o be used for future annual report notif	ication)
For further information co	ncerning this matter, please ca	ill:	
Brandy Gr	LAYNOYA Person	at (<u>440</u>) <u>812 - Area Code</u> Daytime	5225 e 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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

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

Made For Mama Maternity L

(A Florida Limited Li	ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L21000448507</u>	were filed on 10 13 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
Made for Mama LLC	
The new name must be distinguishable and contain the words "Limited Liabili	ty 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, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address

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.

City

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

			□Remove
			□Change
			□Add
			□ Remove
			Change
			Remove
			□Change
			□Add
			□Remove
			Change
			□Remove

<i>).</i> 11 an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(It an e <u>Note</u>	ctive date, if other than the date of filing:
f the rec ecord is	ord 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 filed.
Date	August 17 2022
	Signature of a member or authorized representative of a member
	Brandy Guarriera Typed or printed name of signee