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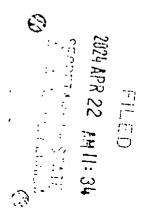
(Re	equestor's Name)	
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. (Cit	ry/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations	;		*
a eurupar.	Egret Drafti	ing & Design LLC			
SUBJECT:		Name of Limi	ited Liability Company		
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Dieter Wolf			
			Name of Person		
		Egret Drafting & Design			
			Firm/Company		
		825 Egret Cr. Apt 310A			
			Address		
		Delray Beach, FL. 33444			
			City/State and Zip Code		
		wotscookin@aol.com	_		
		E-mail address: (to be used for future annua	l report notificatio	n)
For further in	nformation c	oncerning this matter, please ea	all:		
Dieter Wolf			561 50 at ()	06-5559	
	Name o	f Person	Area Code	Daytime Tele	phone Number
Enclosed is a	a check for th	ne following amount:			
□ \$25.00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is er		■ \$60.00 Filing Fce, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres		Street A	ddress: ration Section	
	_	Section Corporations	_	on of Corpora	
	D. Box 632			entre of Tallah	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Egret Drafting & Design LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{10/20/2021}{100}$ and assigned Florida document number $\underline{L21000456199}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Egret Publishing LLC The new name must be distinguishable and contain the words "Limited Liability 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			①Change
			□Add
			□Remove
			□Change
			□Add
		Remove	
			□Change
			□Add
			□Remove
			□Change

_	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
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_	
_	
_	
_	
_	
_	
ian effection	ve date, if other than the date of filing:
record d is tile	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after thed.
ated _	April 15 2024
	Signature of a member or authorized representative of a member
	organization of a memory of authylines representative of a memorial

Filing Fee: \$25.00