K21000469606

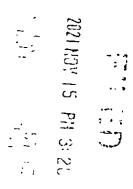
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A. BUTLER
DEC - 6 2021

COVER LETTER

TO:

TO: Registration Sc Division of Cor					
	N ENTERPRISES LLC				
Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Richardson Louis				
	Name of Person				
PUT ME IN ENTERPRISES LLC					
Firm/Company					
6436 Sand Hills Circle					
Address					
	Lake Worth, FL 33463				
	City/State and Zip Code				
	richardson.louis@gmail.com				
	E-mail address; (to be used for future annual report not	ification)		
For further information c	oncerning this matter, please c	all:			
Richardson Louis		561 6024638 at ()			
Name of Person			ie Telephone Number		
Enclosed is a check for t	ne 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		<u>Street Address:</u> Registration Se	rction		
Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PUT ME IN ENTERPRISES LLC

(Name of the Limited Liability Company as it now appears on our records 107/15 (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{10/28/2021}{}$ Florida document number <u>L21000469606</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 registere agent and/or the new registered office address here: 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 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
MGR	NEILA LOUIS	6436 SAND HILLS	≣ Add
		LAKE WORTH, FL 33463	□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□ Add
			□ Remove
			
			□Remove
			□ Change
			
			□ Remove
			□Change

Typed or printed name of signee