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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Post Folia anomat LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Manevihika Pilian Name of Person	
Firm/Company	
1541 SW 116 TH AVR	
City/State and Zip Code manushikasi Inn/a g mail (1m) E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
Name of Person at (305) 879 4820 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee & □	of Status &

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

POST- Enlit lainmint (Name of the Limited Liability Com) (A Florida Limited	pany as it now appears on our records.) Light Reserved Served Se
The Articles of Organization for this Limited Liability Compar Florida document number <u>L 21000 514 808</u> .	ny were filed on 12/6/2/19 and signed
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited lia Shu No Socks LLC The new name must be distinguishable and contain the words "Limited Lia"	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	20535 NW ZND AYFNUE
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	70535 NW ZND AVENUE Unit 101 Miami, FL 33169
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter the name of the new registered</u>
	n, Shillir
New Registered Office Address: 205 35	NW ZNO AVENUE Unit 101 Enter Florida street address
$\underline{-m_{i}a}$	City Florida 33/69 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:

or remove	d from our records:		
MGR =	Manager		
AMBR =	Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
MUR	Pelion, Shiller	1541 SW 116 TO AVE	□Add
		Plonbuki Pinis, FL 33025	IERemove
			□Change
MGR	Pelion, Monouchika	20535 NW ZNO AYENUE	®Xdd
		Unit 101	□Remove
		MIAMI, FL 33/69	Change
		 	□Add
			□Remove
			□Change
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