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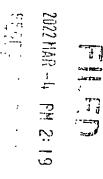
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COVER LETTER

TO: Registration Se Division of Cor			
Made of Le			
SUBJECT:	Name of Lim	ited 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:	
	Fabrizio Lengua		
		Name of Person	
	ZenBusiness INC.		
		Uirm/Company	
	5511 Parkerest Dr. Suite 1	0.3	
		Address	
	Austin, TX 78731		
	***************************************	City/State and Zip Code	
	fulfillment@zenbusiness.co E-mail address; (om to be used for future annual report not	ification)
For further information e	oncerning this matter, please c		,
Fabrizio Lengua		512 237-7349 at ()	
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	S30.00 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)
<u>Mailing Addres</u> Registration !		<u>Street Address:</u> Registration Sc	ection
Division of C		Division of Co	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

2022 MAR -4 PM 2: 19

Made of Love L.L.C.	ocor_1 rs	an tartage
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company) 1800	
The Articles of Organization for this Limited Liability Compar		
Florida document number 1.22000059618		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
Love3Sixty5 L.L.C.		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" of	r 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:	P.o. Box 3019	
Mailing address MAY BE A POST OFFICE BOX)	Arcadia, FL 34265	
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>enter th</u>	e name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flori	
	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 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
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			□Change
			□Remove
			Channe

Page 2 of 3

		
		
Effective date, if other than the fan effective date is listed, the date mu Note: If the date inserted in this blocument's effective date on the E	lock does not meet the applicable.	(optional) te of filing or more than 90 days after filing.) Pursuant to 605.02 statutory filing requirements, this date will not be listed
e record specifies a delaye The 90th day after the red		effective time, at 12:01 a.m. on the earlier
03/01	. 2022	
		11
<u></u>	/s/ Tenitra Ha Signature of a member or authorized	

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