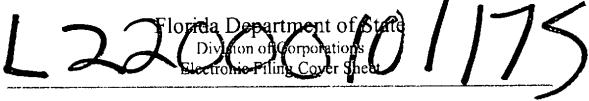
4/7/22, 10:30 AM

Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 : (323)962-8600 Phone : (323)962-3889 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SACRED REFLECTIONS LLC

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TO:

Registration Section

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LegalZoom.com, Inc.

COVER LETTER

Divi	ision of Cor	porations .		•
CUDITAT.	SACRED F	REFLECTIONS LLC		
SUBJECT.		Name of Limite	ed Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are subm	sitted for filing.	
Please return	all correspo	ndence concerning this matter to	the following:	
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		
		Amendment and fee(s) are submitted for filing. Ondence concerning this matter to the following: Cheyenne Moseley Name of Person		
		101 N Brand Blvd 11th Fl		
			Address	
		Glendale, CA 91203		
			om	
		E-mail address: (to	be used for future annual report no	(ification)
For further in	iformation c	oncerning this matter, please cal	f:	
Cheyenne M	loselcy			
	Name o	f Person	Area Code Daytii	me Telephone Number
Enclosed is a	i check for th	ne following amount:		
□ \$25.00 F	iling Fee			
		ING ADDRESS:	STREET/COUR Registration Sect	RIER ADDRESS:

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Taflahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co	ompany as it now appears on our records.) ited Liability Company)	
(A Florida Lim	ited Elability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 02/25/2022	and assigned
Florida document number 1.22000101175		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Find Your Reflections LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u> </u>	
		··
Enter new mailing address, if applicable:		*************************************
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		* 7
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our records, <u>s</u> charac	enter the name of the
registered agent and/or the new registered office address		3: 5
Name of CNL on Division and Associate		新华
Name of New Registered Agent:		
New Registered Office Address:		<u></u>
	Enter Florida street address	
	Floric	
	Cny	Zip Code

Page: 4 of 6

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

To: +18506176383

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 = M $AMBR = A$	danager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			Remove
			☐ Change
			Add
			Remove
			Change
			Remove
			Change
		***	□ Add
			Remove
			Change
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			□ Remove
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(If an effective d Note: If the o	te, if other than the date of ate is listed, the date must be speci- date inserted in this block does ffective date on the Departmen	ific and cannot be prior to date of filing or me i not nicet the applicable statutory filing	(optional) ore than 90 days after filing.) Pursuant to g requirements, this date will not be	o 605.0207 (3)(b) : listed as the

Sgnature of a member of authorized capture of a member

Ashley Tsakanikas

Typed or printed name of signee

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Filing Fee: \$25.00