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(((H24000175556 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190 : (844)449-3624 Fax Number : (512)597-0678

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

🛱 LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

ADORE US LLC

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MAY 1 6 2024

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H24000175556 3

Adore Us LLC		
(Same of the Limited Liability Comp. (A Florida Limited	my as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000132975</u>	were filed on <u>03-16-2022</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Linbi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8475 Snowfall Street	
(Principal office address MUST BE A STREET ADDRESS)	Sanssota , FL 34241	
Enter new mailing address, if applicable:	5210 Chibside Drive	
(Mailing address MAY BE A POST OFFICE BOX)	Longwood , FL 32779	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, <u>enter the</u> Enter Floridastreet address	name of the fiew registered AY 15 PM 1 26
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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

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1 Page: 3 of 4

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From: ZenBusiness User

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

FI240001755563

<u>Title</u>	Name	Address	Type of Action
AMBR	AKIL ERICKSON	2343 ASHINGTON PARK DRIVE	□Add
		APOPKA, FL 32724	Remove
			□Change
AMBR	BREANN DAVIS	5210 Clubside Drive	□Add
		Longwood, FL 32779	□Remove
			Change
			Dadd
			□Remove
			□Change
			DAdd
			□Remove
			[] Change
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			□Remove
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			☐ Change

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Effective date, if other than the difference date is listed, the date must be note: If the date inserted in this bloodocument's effective date on the Department.	be specific and cannot be prior to date of fillings. A does not meet the applicable statutor	(optional) ing or more than 90 days after (Hing.) Pursuant to 605.02 ory filing requirements, this date will not be listed.
e record specifies a delayed effective rd is filed	date, but not an effective time, at 12:0	O a monor the earlier of (b). The 90th day after th
Dated	2024	
Dated May 15th /s/ Breann Davis		
/s/ Breann Davis	2024 Signature of a member or authorized representations and a member of authorized representation and authorized representations are also as a second control of the cont	entative of a member