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## **COVER LETTER**

TO: Registration Section Division of Corporation			
SUBJECT: LITS	bee fire	othic UC	
-	Name of Limi	ited Liability Company	
The enclosed Articles of Ame	endment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	nce concerning this matter t	to the following:	
-	Ashlee F	OS ON-Duncar Name of Person	$\cap$
	Let's BRL	Krathva LLC Firm/Company	
	14649 Libr	15 CT Address	
	Fort My	City/State and Zip Code (2) 2	
Str	F-mail address: (1	to be used for future annual report notific	nal, Com
For further information conce	erning this matter, please ca	itl:	
ASHIR FOS Name of Per	M-Duncau	at 239 Daytime 1	1 Telephone Number
Enclosed is a check for the fo			
□ \$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:		Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Let's ble Kreative	21C	
(Name of the Limited Liability Comp. (A Florida Limited	nany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 122001471.	y were filed on 3/25/2027 and a	ssigned
This amendment is submitted to amend the following:		
A If amending name, enter the new name of the limited liab  The new name must be distinguishable and contain the words "Limited Liab	arli LLC.	L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	TURES, FL 33	105
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	TALLAMASSER	2022 AUS -B AH
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the p	ew registered
Name of New Registered Agent:		<del></del>
New Registered Office Address:	Enter Florida street uddress	
	, Florida	2
Now Davistand Apartle Cignature if shanning Desistand Aparts		

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
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			□Remove
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f an effective o Note: If the	te, if other than the date late is listed, the date must be sp date inserted in this block di ffective date on the Departr	ecific and cannot be prior oes not meet the applic	cable statutory filing requ	(optional) an 90 days after filing.) airements, this date v	Pursuant to 605.0207 (2 vill not be listed as th
record spec d is filed.	ifies a delayed effective date	, but not an effective t	ime, at 12:01 a.m. on the	earlier of: (b) The	90th day after the
Dated M	MOMBON FI	nd 2022	<u>L</u> .		
_	Udule fa	ture of a member or auth	orized representative of a m	nember	
<u></u>	ashlee.	FOSDY- I	ed name of signee		