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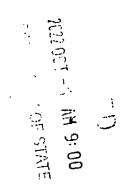
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A. RIVERS
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COVER LETTER

TO: Registration Section Division of Corpora			
SUBJECT: Reed &	Interprise Gr Name of Limit	TOUD OF SLC, LLC led Liability Company	
The enclosed Articles of Ame	endment and fee(s) are subm	nitted for filing.	
Please return all corresponder	nce concerning this matter to	o the following:	
-	Angela (Sarrido Reed, Dwi Name of Person	ver lAtes
-		Firm/Company	
-	11292 SNU VI 110	age Ct, Apt. 207	
		ie Florida 34987. City/State and Zip Code	
<u>C</u>	E-mail address: (to	SCATOUD @ AMAIL. CO	on)
For further information conce	erning this matter, please ca	11:	
Argela Garrido Name of Per	Reed	at (772) 584-53 Area Code Daytime Tel	373 lephone Number
Enclosed is a check for the fo	llowing amount:		
□ \$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)
Maritima Addison		Ga. AAAA	

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

Reed Enterprise E	TOUD OF	SC, LC	one records)		
(A	A Florida Limited	Liability Company)	our records.)		
The Articles of Organization for this Limited Lia Florida document number <u>L220001523</u>		were filed on \(\sum_{\lambda} \)	arch 29, 20,	22 and assigned	
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of the Adore Enterprise Go. The new name must be distinguishable and contain the work.	Lauro 1	10	nation "LLC" or the ab	breviation "L.L.C."	_
Enter new principal offices address, if applical		Same			_
(Principal office address MUST BE A STREET	'ADDRESS)				_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>0X)</u>	Same		2622 0.01 - :	-
B. If amending the registered agent and/or registered office address		address on our reco	rds, <u>enter the nam</u>	e of the new regist	tered
Name of New Registered Agent:	Same				_
New Registered Office Address:		Enter Florida s	street address	·	_
		City	, Florida	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.

Mod Applicable

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:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	Not Applicable		□Add
			□Remove
			☐ Change
			□Remove
			□Change
			□Add
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			ClChange

). If ame	Vot Ap	er information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ective date is liste If the date inser	d, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)() ted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date on the Department of State's records.
f the recore		ayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Octobe	<u>3</u> 2000 .
	· (Signature of a member or authorized representative of a member
	<u> </u>	nela Garrido Reed Typed or printed name of signee

Filing Fee: \$25.00