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COVER LETTER

Registration Section Division of Corporations

SUBJECT:		·	·
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing	
		C	
Please return all correspo	ondence concerning this matter	to the following:	
	Vanya Gopaul		
	118-11	Name of Person	
	Approachable LLC		
		Firm/Company	
	8395 SW 64TH ST		
		Address	
	Miami, Fl 33143		
		City/State and Zip Code	···
	approachablellc22@gmail.c		
	E-mail address: (to be used for future annual report not	fication)
For further information of	concerning this matter, please c	all:	
Vanya Gopaul		786 332-8344	
Name o	f Person	at () Area Code Daytim	ne Telephone Number
Enclosed is a check for the	he following 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)

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**

Approachable LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(**	Tional mined maonity company)	72 Or 14.
The Articles of Organization for this Limited Liab	oility Company were filed on APRIL 01, 2022	and assigned
Plorida document number L22000157369		
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
Principal office address MUST BE A STREET	ADDRESS)	
		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u></u>	
		·
D Ifd: Abi-AdAd/	:	
b. It amending the registered agent and/or reg agent and/or the new registered office address	istered office address on our records, <u>enter the</u> <u>here</u> :	name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Floric	
	MATA	19

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

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>	Name	Address	Type of Action
AMBR	Vanya Gopaul	8395 SW 64TH ST MIAMI FL 33143	≅ Add
			□Remove
			□Change
			□Add
			□Remove
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Effective date, if on the lift of the lift of the lift of the date in the document's effective december of the lift of the lif	serted in this block o	does not meet the	applicable statu	filing or more than 9 tory filing require	(optional) 0 days after filing.) I ments. this date w	Pursuant to 605.0207 (ill not be listed as t
e record specifies a c rd is filed.	lelayed effective dat	e, but not an effe	ective time, at 12	:01 a.m. on the ea	rlier of: (b) The	90th day after the
Dated APRIL 27		2022	! 			
	V					
	₩ Yrgn	ature of a member	or authorized repr	esentative of a mem	ber	