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**T MATTHEWS** JUL 29 2022

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TO: Registration Section
Division of Corporations

LDRSHIP ENTERPRISES LLC

SUBJECT:			
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Colin Heaney		
		Name of Person	
		Firm/Company	
	416 SW 1st Ave Apt 1608		
		Address	_
	Fort Lauderdale, FL 33301	, Fl.,	
	colinheaneyllc@gmail.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notific	cation)
For further information of	concerning this matter, please co	all:	
Colin Heaney	•	315 935-3708	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

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### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

# OF

FION FILLER SECRETARY OF STATE STYLSTON OF CORPORATIONS

LDRSHIP ENTERPRISES LLC

22 MAY 24 AM 11: 57

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on April 25, 2022 and assigned Florida document number \_\_\_\_\_\_L22000194465 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

#### 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.

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H amenung Authorized rerson(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>	<u>Address</u>	Type of Action
MGR	Summer Trenkle	416 SW 1st Ave	
			■Add
		Apt 1608	
			□Remove
		Fort Lauderdale 33301	
			Change
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n effective date is listed, the date mus	st be specific and cannot be prior	to date of filing or more tha	in 90 days after filing.) Pursuant t	
ite: If the date inserted in this bl cument's effective date on the D			irrements, this date will not be	e listed a
	•			
ecord specifies a delayed effective	e date, but not an effective ti	me, at 12:01 a.m. on the	earlier of: (b) The 90th day	after the
is filed.			•	
May 17	2022			
ted				
DecuSigned by:				
Colin Heaney	Signature of a member or author	orized representative of a p	nember	_
	Signature of a member or author	orized representative of a n	nember	-