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COVER LETTER

TO: Registration Section **Division of Corporations** AHAYAH'S FAMILY FIRST LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Diane Edwards Name of Person AHAYAH'S FAMILY FIRST LLC Firm/Company 1432 N Tropical Ave Address Avon Park Fl, 33825 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Diane Edwards Name of Person

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

☐ \$30.00 Filing Fee & Certificate of Status

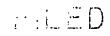
☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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



AHAYAH'S FAMILY FIRST LLC

2022 JUN 30 AM 8: 08

	n pany as it now appears on o u ed Liability Company)	Q . C .
		FALL ARASS ELECTIONAL
The Articles of Organization for this Limited Liability Compa	ny were filed on $\frac{05/06/202}{1}$	and assigned
Florida document number L22000214824		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li-	ability Company," the designat	ion "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 offic agent and/or the new registered office address here:	ce address on our record	s, enter the name of the new register
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our record	s, enter the name of the new register
	ce address on our record	s, enter the name of the new registere
Name of New Registered Agent:	ce address on our record	s, enter the name of the new registere
agent and/or the new registered office address here:	ce address on our record	
Name of New Registered Agent:		vet address
Name of New Registered Agent:		
Name of New Registered Agent:	Enter Florida stre City	et address , Florida

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
MGR	Valerie Hightower	6080 E. US 90, LEC FI.	3 <i>20</i> 59 ≣add
		□Remove	
			□Change
			□Add
			□ Remove
•			Change
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		- 	□Change
			DAdd
			Remove
			Change

ective	date, if other than the date of filing: (optional)
reffect <u>te:</u> If	we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 's effective date on the Department of State's records.
cord s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed	6/24/2020
	Rdwards
	Signature of a member or authorized representative of a member
	Diane Edwards

Typed or printed name of signee