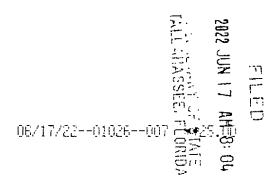
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## **COVER LETTER**

	Registratio Division of	on Section Corporations
SUBJEC		ow Holdings, LLC
SOBJEC	- I ·	Name of Limited Liability Company
The enclo	osed Article	s of Amendment and fee(s) are submitted for filing.
Please re	turn all corr	espondence concerning this matter to the following:
		Elana Greenway Faniel, Esq.
		Name of Person
		Greenway Law Firm, P.A.
		Firm/Company
		P.O. Box 660
		Address
		Lutz, FL 33548
		City/State and Zip Code
		elana@greenwayfirm.com
		E-mail address: (to be used for future annual report notification)
For furthe	er information	on concerning this matter, please call:
Elana Greenway Faniel, Esq.		iel, Esq. 813 607-6060 at ()
	Nar	ne of Person Area Code Daytime Telephone Number
Enclosed	is a check fo	or the following amount:
<b>≡ \$</b> 25.0	0 Filing Fee	© \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

But Now Holdings LLC			2021 TÄLL
(Name of the Lin			
The Articles of Organization for this Limited Florida document number L22000228216	JUN 17 AH		
This amendment is submitted to amend the fo	llowing:		8: O4 STATE JORIOA
A. If amending name, enter the new name	of the limited li	iability company here:	<b>≯</b> +
N/A			
The new name must be distinguishable and contain the	words "Limited Li	iability Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	E BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addre	registered offic ess here:	ce address on our records, enter the r	name of the new registered
Name of New Registered Agent:	N/A		
New Registered Office Address:			
		Enter Florida street address	
		, Florida	I
		City	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.

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

Title	Name	Address	Type of Action
AMBR	G3 Life Applications Inc.	2000 E. 12th Avenue, Ste. 5327	□Add
		Tampa, FL 33675	<b>≣</b> Remove
			□Change
AMBR	Ronnie McCullough	2000 E. 12th Avenue, Ste. 5327	<b>=</b> Add
		Tampa, Fl. 33675	□Remove
			□Change
<del></del>			□Add
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			□Add
			□Remove
			□Change
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	0.0011 00.	of filing: cific and cannot be prices not meet the applent of State's record	readic statutory fills	option (option or than 90 days after grequirements, this	onal) filing.) Pursuant to 605 s date will not be liste
beneente u	ate on the Departin	em of heate 8 fecore	15.		

Signature of a member or authorized representative of a member

Typed or printed name of signee

Elana Greenway Faniel, Esq.