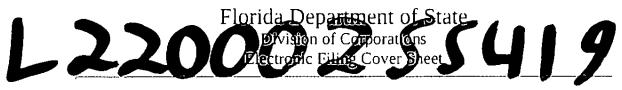
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240000213793)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PERFECTLY PREGNANT COLLECTIVE LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

Fax: 8134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Perfectly Pregnant Collective LLC (Name of the Limited Liability Comparate of the Limited Lim	ny as it now appears on Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company Florida document number L22000255419	were filed on <u>06/03/2</u>	2022 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	llity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		SEL SEL
		JAN
Enter new mailing address, if applicable:		D 2
Mailing address MAY BE A POST OFFICE BOX)		N
		MC. 3
		2: 2 FIX
3. If amending the registered agent and/or registered office a	iddress on our reco	rds, enter the name of the new register
gent and/or the new registered office address here:		
Name of New Registered Agent:	<u>,</u>	*****
New Registered Office Address:		
	Enter Florida :	street address
		, Florida
	Ciţ	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.

1/16/2024 09:30:22 PST*

To: 18506176383

Page: 3/4

From: Registered Agents Inc.

Fax: 8134365206

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>	<u>Address</u>	Type of Action
AMBR	Sandra Pagenta	5325 SW 78th Terrace	<u></u> ⊠ Add
		Galnesville, FL 32608	Remove
			☐ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			Change

To 18506176383

			
			_
			
Effective date, if other than the (If an effective date is listed, the date Note: If the date inserted in this document's effective date on the	s block does not meet the applicable sta	(optional) of filing or more than 90 days after filing.) Pursuan attutory filing requirements, this date will not	t to 605,0207 (3) be listed as the
the record specifies a delayed effector ord is filed.	ctive date, but not an effective time, at	12:01 a.m. on the earlier of: (b) The 90th do	ay after the
	2024		
Dated 01/16	··		

Typed or printed name of signee