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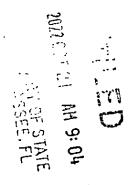
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COVER LETTER

TO:

TO: Registration Se Division of Cor					
	colforo, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Christine Scolforo				
		Name of Person	•.	25221	
		Firm/Company	[2]	77	
	10029 Moorshire Circle		ASSE SESSE	[2] AM 9:04	•
		Address	E, FIA	9.0	*
	Orlando, FL 32829			#	
	escolforo@gmail.com	City/State and Zip Code			
For further information c	E-mail address: (oncerning this matter, please ex-	to be used for future annual report notifiall:	ication)		
Christine Scolforo		610 220-7940 at ()			
Name o	f Person		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 Sta Certified Copy (additional copy is e	itus &	
Mailing Addres Registration S		Street Address: Registration Sec	etion		
Division of C	Corporations	Division of Cor	porations		
P.O. Box 632 Tallahassee, 1		The Centre of T	allahassee : Street, Suite 810		
rananassee, i	LL 24214	2410 IN. MOULOC	, parcet, parte orv		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Christine Scolforo, LLC (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 $\frac{6/28/22}{1}$ and assigned Florida document number <u>L22000290975</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Christine Mary Scolforo, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: N (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 , Florida _ 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.

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>	<u>Address</u>	Type of Action
AMBR	Christine Scolforo	10029 Moorshire Circle	= Add
		Orlando, Fl. 32829	□Remove
			(_] \(\sqrt{Add} \)
			☐ Remove
			SSEE S Condd
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ffective date, if other than the an effective date is listed, the date mu ote: If the date inserted in this blocument's effective date on the D	st be specific and can lock does not meet	not be prior to date of the applicable stat	f filing or more than 90 d	_ (optional) ays after filing.) Pursuents, this date will ne	ant to 605,0207 of be listed as
realiest serieure date on the D	oparinent (1) Date	p recorded.			
record specifies a delayed effective is filed.	e date, but not an c	offective time, at 1	2:01 a.m. on the earlie	er of: (b) The 90th	day after the

Filing Fee: \$25.00

Typed or printed name of signee

Christine Scolforo