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A. BUTLER NOV - 3 2022

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJF	ECT: 3BAAS Handmale Soaps and More W.C. Name of Limited Liability Company
The end	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	RiBinda Byrd Name of Person
	3BAAS Handmade Soaps and More UC
	P.O. BOX 1216
	Lalle City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For furt	ther information concerning this matter, please call:
12	Name of Person at (386) 349 - 3005 Area Code Daytime Telephone Number
$I \setminus I$	ed is a check for the following amount: 5.00 Filing Fee
	Mailing Address: Registration Section (additional copy is enclosed) Street Address: Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

3BAAS Handmade Some of the Limited Liability Company (A Florida Limited Liability Company)	as it now appears on our records.
The Articles of Organization for this Limited Liability Company we Florida document number \(\begin{align*} \leq 2 & 0 & 2 & 7 & 2 & 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0	1022 AUG 13 ADID 1.6
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	y 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)	247 NE Jacksonville Lo
Trincipal office address MOST DE ASTREET ADDRESS	THE TIP I THE SE
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 1216 Lale City 71 32056
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ldress on our records, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address: Lale	Enter Florida street address City, Florida 32055 Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	verformance of my duties, and I am familiar with and very ovided for in Chapter 605, F.S. Or, if this document is

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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
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effective <u>te:</u> If the	date is listed, the date inserted	than the date of it e date must be specifi in this block does on the Department	ic and cannot be not meet the a	pplicable statut	iling or more that ory filing requ	option n 90 days after fil irements, this d	ling.) Pursuant to	605.020 listed a
cord spe s filed.	cifies a delaye	d effective date, bu	it not an effec	tive time, at 12:	01 a.m. on the	earlier of: (b)	The 90th day a	after the
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_		Signature	of a member of	r authorized repre	esentative of a m	2 Combye		
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