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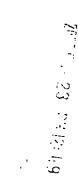
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COVER LETTER

TO:	"Registration Sec Division of Corp		· ·a	.8.		
SUBJE		D WHIMSY DESIGNS LLC				
aunar.	C1.	Name of Lin	nited Liability Company			
The enc	losed Articles of A	Amendment and fee(s) are sub	omitted for filing.			
Please r	eturn all correspor	idence concerning this matter	to the following:			
		BOBBIE LIPPINCOTT				
			Name of Person			
			Firm/Company			
	PO BOX 247					
		PORT ST JOE, FL 32457				
		coachpallen@gmail.com	City/State and Zip Code			
			to be used for future annual report notif	ication)		
For furtl	her information co	oncerning this matter, please c				
вовві	E LIPPINCOTT		850 899-0371 at ()			
	Same of	Person	Area Code Daytime	Telephone Number, 6		
Enclose	d is a check for the	e 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		Samuel Addison			

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

ANCHORED WHIMSY DESIGNS LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records. [Liability Company))
The Articles of Organization for this Limited Liability Compan Florida document number <u>L22000330407</u> .	y were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	pility Company," the designation "LLC" o	or the abbreviation \$1.1 .C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		:
Enter new mailing address, if applicable:		<u>전</u>
Mailing address MAY BE A POST OFFICE BOX)		; 9
	,	
B. If amending the registered agent and/or registered office igent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flori	ida
	Chy	ida 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 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

Title	Name	Address	Type of Action
AMBR	PETER T. ALLEN	539 BARRIER DUNES DR	
		PORT ST JOE, FL 32456	■Remove
			□ Change
			□Add
			□Remove
			☐ Change
			FAdd ≳
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Effective date, if other than the off an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	be specific and cann ck does not meet t	ot be prior to d the applicable	ate of filing or n e statutory filin	ore than 90 days:	ptional) after filing.) Purs this date will i	mant to 605,0207 (not be listed as t
e record specifies a delayed effective rd is filed.	date, but not an e	ffective time.	at 12:01 a.m.	on the earlier of	f: (b) The 90t	h day after the
Dated OCTOBER 17)23				

Filing Fee: \$25.00