Florida Department of State Division of Compration

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

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

Fax Number : (855)330-1010

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

	Address:		
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CAME TO LOVE LLC

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AUG 0 3 2022

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Came to Love LLC	in any analysis of the same same of	
(Name of the Limited Liability Compa (A Florida Limited)	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L22000330708	were filed on 07/26/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	hty Company," the designation "L.L.C" or the	abbreviation "L L.C."
Enter new principal offices address, if applicable:		
(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 na	me of the new register
agent and/or the new registered office address here:		202
Name of New Registered Agent:		2 AUG
New Registered Office Address:		るる。
THE INCIDENCE OF THE LIGHT COS.	Enter Florida street address	7.00
	Florida _	17.5.74 17.5.74 10.00
 ;	City	C Zp 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	TANJA HAMMERSCHMIDT	7901 4TH ST N, STE 300	X !Add
		ST. PETERSBURG, FL 33702	□Remove
			□Change
			□Add
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			DChange
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			□Remove
**************************************			□Add
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			□Change
	Mrs.		□Add
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record specifies a delayed effective is filed.	ve date, but no	ot an effective	time, at 12:01	a.m. on the ca	rlier of: (b)	The 90th day af	ter the
08/02		2022	·				
Ω Ω #							
<u> Margan Potte</u>	Signature of	member or an	horized renneses	ntative of a mem	ber		

Filing Fee: \$25.00