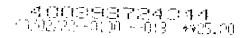
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## **COVER LETTER**

TO: Registration Sec Division of Corp	tion orations	· <b>:</b>		
SUBJECT:	erished S	SOLE California Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	<u>Kouleo</u>	BOW Name of Person		
	Cherished	SOLES Firm/Company		
	1231 Ch	QQ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \		
	Tallahassee	Fly/State and Zip Code	32304	-
	Kall blos	a Comali-	report notification)	
For further information con	ncerning this matter, please ca	all:		
Karlee B	OM Person	at (305) Area Code	ZO6 - S	S(60) ne Number
Enclosed is a check for the	following amount:			
□ S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is en		S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street A	.ddress:	

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

## ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION

OF

2022 SEP - 1 AM 9: 30

SECRETARY OF COMMENT 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 08/24/2022 and assigned Florida document number 22000372384

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company," the designation "LLC" or the abbreviation "LLC."

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 name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

1231 Chee

lorida street address

Tallahassee

Florido

32304

## 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
MAR	Destanie Spikes	1231 Chee lane	□ Add
		Tallahassee, Fl 32304	_ Dr.Remove
	, <i>i</i> , , , , , , , , , , , , , , , , , , ,		□Change
MGR	Kailee Brown	1231 Chee lane	
		Tallahassee, Fl 32304	□Remove
			□Change
			□ Add
		-	_ □Remove
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o. It amending	any other informatio	n, enter change	(s) nere: (Attach	adamonai sneets,	, if necessary.)	
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(If an effective dat Note: If the dat	e, if other than the da te is listed, the date must be ate inserted in this block ective date on the Depa	specific and cannot does not meet the	: applicable statutoi	ng or more than 90 da ry filing requireme	_ <b>(optional)</b> ays after filing.) Pursuan nts, this date will no	nt to 605.0207 (3)( be listed as the
he record specifi ord is filed.	es a delayed effective da	ate, but not an effe	ective time, at 12:0	l a.m. on the earlie	r of: (b) The 90th c	lay after the
Dated <u>09</u>	101	. 20	122			
<u></u>	Sig	nature of a member	or authorized represe	entative of a member	<del></del>	
	Kailee	BV)	BUM			
		Typed	or printed name of si	ener	<del></del>	

Filing Fee: \$25.00