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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Correlius Brown Name of Person	
inexpensive Bargains LC	
17350 State Hwy 249 # 23006	
Cornelius & Borgainexpens. Com E-mail address: (to be used forbuture annual report notification)	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Cornelius Brown at (954) 296-4761 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee & Certificate of Status	atus &

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

(Name of the Limited L	Sive Pargains LLC Liability Company as y now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liabil Florida document number <u>L22004119</u> . This amendment is submitted to amend the following. A. If amending name, enter the new name of the	ility Company were filed on 09/21/2022 rand assigned ing:
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	le: 17350 State Hwy 249 #23006
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	411 Highland Cross Dr #2014
B. If amending the registered agent and/or registered office address h	istered office address on our records, <u>enter the name of the new registered</u> here:
Name of New Registered Agent: New Registered Office Address:	Cornelius Brown 6294 Ocean Dr
	Enter Florida street address Margate Florida 33063 City 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Cornelius Braun	411 Highland Crossor +: Houston, Tx 27073	204 MAdd
		Houston, Tx 27073	□Remove
			Change
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ote: If the date	other than the date listed, the date must be spinserted in this block dive date on the Depart	oes not meet the ap	plicable statutory to	more than 90 days a ling requirements,	ptional) ther filing.) Pursuant to this date will not be	605.0207 listed as
record specifies Lis filed.	a delayed effective date	e, but not an effectiv	'e time, at 12:01 a.n	n, on the earlier of	(b) The 90th day	after the
ated <u>6/2</u>	4/24	·	·			
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Filing Fee: \$25.00