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R. HUNT 01/23/23

COVER LETTER

TO: Registration Se Division of Cor			
	ES I SEEK, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ALESYA HARKUSHA		
		Name of Person	
	THE FACES I SEEK, LL	С	: ;
		Firm/Company	
	19256 E COUNTRY CLU	JB DRIVE	
		Address	
	AVENTURA, FL, 33180		· MID: 47
	THEFACESISEEK@GMA	City/State and Zip Code	, 2, 7
	E-mail address: (to be used for future annual report notif	fication)
For further information c	oncerning this matter, please o	all:	
ALESYA HARKUSHA		786 909-2000 at ()	
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Sec	ction
Division of C		Division of Cor	
P.O. Box 632	7	The Centre of T	allahassee
Tallahassee, i	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE FACES I SEEK, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Li	Company as it now appears on our remited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Com- Florida document number L22000421073	npany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
FACES I SEEK, LLC		
The new name must be distinguishable and contain the words "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 ADDRES	<u>(25)</u>	5.3
		(a) (a)
		三 三
Enter new mailing address, if applicable:		7 6
Mailing address MAY BE A POST OFFICE BOX)		
William duaress WAT BE A FOST OFFICE BOA		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>e</u>	nter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		, Florida

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
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an effective date is listed, the date must be specific anote: If the date inserted in this block does not to	id cannot be prior to	date of filing or n	nore than 90 days a ng requirements,	after filing.) Purso this date will r	ant to 605.02 of be listed:
ocument's effective date on the Department of		•			
e record specifies a delayed effective of The 90th day after the record is filed.		an effective (time, at 12:0	1 a.m. on th	ne earlier
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