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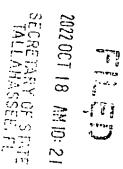
(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

	ation Se	ction porations			•		
		Fhreads LLC		•			
SUBJECT:							
		Name of Lim	ited Liability Company				
The enclosed Art	ticles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all	correspo	ndence concerning this matter	to the following:				
		Sancie-Roshane Brown					
			Name of Person			_	
			Firm/Company		<u> </u>	-	
		2216 Lobfolly Bay St					
		Clermont, FL 34711	Address	_		2022 OC SECRE	
		sancieb@yahoo.com	City/State and Zip Code			T 18	7743 7743 6 4
		E-mail address: (o be used for future annual	report notification)		第3 建	
For further inform	nation co	oncerning this matter, please ca	all:				•
Sancie-Roshane I	Brown			24535		2	
	Name of	Person	at () Area Code	Daytime Telephor	ne Number	<u> </u>	
Enclosed is a che	ck for th	e following amount:					
■ \$25.00 Filing	g Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee of Certified Copy tadditional copy is enc	dosed)	Certifica Certified	iling Fee, te of Status & Copy copy is enclosed)	
Divisio	ration S on of Co	ection orporations	Division	ation Section n of Corporation			
P.O. Be	ox 6327	/	The Cei	ntre of Tallahass	ee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sew Much Threads LLC		
(<u>Name of the Limited Liability C</u> (A Florida Li	Company as it now appears on our records. mited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number	pany were filed on October 12, 2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDRES	<u></u>	20
		72.0 TAL
Enter new mailing address, if applicable:		- TO - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1
(Mailing address MAY BE A POST OFFICE BOX)		20 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		100 B
		Fin N
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter th</u>	e name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
 	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 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	Sancie-Roshane Brown	2216 Loblolly Bay St. Clermont, FL 34711	- Jive of Action
			= Add
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fective date, if other than the date of filing:					-			8	j n
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Signature of a member or authorized representative of a member	record specifies a is filed.								
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