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COVER LETTER

TO: Registration Section Division of Corporations	ŧ		S	•	, 40	¥
SUBJECT:	OU(S N Name of Lim	More ited Liability Compan	U.C.	<u>`</u>	*	2
The enclosed Articles of Amendmer	nt and fee(s) are sub	mitted for filing.				
Please return all correspondence cor	icerning this matter	to the following:				
	<u> </u>	Name of Perso	<u>aina</u>		-	
	Pours	Firm/Compan	y UC		-	
	450 La	WNDES Address	<u>Sq</u>			2023 J.
	Casselb	City/State-and Zip	- <u>Code</u>	107	-	3-3 July 2
	E-mail address: (more.LLC to be used for future a	unnual report notifica		. •	(5)
For further information concerning t	this matter, please c	all:				-
Name of Person	edina	at (33) Area Code		1905 elephone Number	r	
Enclosed is a check for the following	g amount:					
	00 Filing Fee & tificate of Status	S55.00 Filing Certified Co (additional copy	ру	\$60.00 Fi Certifica Certified (additional	ite of St I Copy	atus &
Mailing Address: Registration Section			eet Address: egistration Section	on _.		

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

Pours n More LLC	annears on our records)
(Name of the Limited Liability Company as it now (A Florida Limited Liability Cor	npany)
The Articles of Organization for this Limited Liability Company were filed Florida document number	on \\ \frac{10-8-30}{200} and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	eany here:
The new name must be distinguishable and contain the words "Limited Liability Company	y," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	202
	1
Enter new mailing address, if applicable:	ن
•	-
(Mailing address MAY BE A POST OFFICE BOX)	် လ
B. If amending the registered agent and/or registered office address or agent and/or the new registered office address here:	our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	
	nter Florida street address
	, Florida
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
MGR	Yahaira Medina	450 Laurdes Sq Casselberry F	(Dandd
			□Remove
			□ Change
AMBE	Jayana Hill	490 Lawrdes Sq Casselberry	£ □Add
			ÆRemove
			□Change
AMBR	Jayla Hill	450 Courdes Sq. Casselberry	Add TO
			∵: •©Change
AMBR	Erica Mercado	2762 Mystic Lake Dr Dvied	<u>:</u> LO¶□Add S
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ed	Dec. 16th	<u> </u>	<u>ð</u> .			
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_		Signature of a member or a	nuthorized representati	ive of a member	<u> </u>	
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