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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Corp			
SUBJECT: Fatherland	Florida LLC	ited Liability Company	
	Nume William	nce Editing Company	
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Hareter Oralusi	Name of Person	
		Name of Person	
	Fatherland Florida LLC	Firm/Company	
	8th Floor 1180 Ave	nue of the Americas Address	
	New York, 10036		
	h h mile i Chith aland	City/State and Zip Code	
	h.b.oralusi@fatherlands E-mail address: (dobal.com to be used for future annual report noti	ification)
For further information ed	oncerning this matter, please co	ill:	
Hareter Oralusi		at (±1) <u>908334-197</u> Area Code Daytin	72
Name of	*Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	▼ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fatherland Florida LLC. (Name of the Limited Liabibly (A Florida	y Company as it now appears on our records.) Limited Liability Company)	_
The Articles of Organization for this Limited Liability Co	ompany were filed on 02/02/23	and assigned
Florida document number <u>1.23000062756</u>	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
Lineage African Ancestry LLC.		
The new name must be distinguishable and contain the words "Limit	ed 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 ADDRI	ESS)	
		2023 A
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	-	- & 72
	-	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flori	
	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, 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
			⊡Change
			□Add
			□Remove
			□Change
			□Add
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			□Change
			□Add
			□Remove
			□Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated 07/19/2023 Signature of a member or authorized representative of a member Hareter Oralusi

Filing Fee: \$25.00

Typed or printed name of signee