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## **COVER LETTER**

Tallahassee, FL 32314

	Registration Se Division of Cor			
oun me		Space Today, LLC		
SUBJEC	:T:	Name of Lim	ited Liability Company	
The same	عجمامات المسام	Amandaran and for(a) are sub-	anciend for filling	
		Amendment and fee(s) are sub	_	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Sandra Chmielewski		
			Name of Person	<del>-</del>
		Breathing Space Today, L	LC	
			Firm/Company	_
		10105 Whisper Pointe Dr.		
			Address	_
		Tampa, FL 33647		
			City/State and Zip Code	- 0 2
		sandrachmielewski@gmail.		023 TA
For furth	er information c	E-mail address: ( oncerning this matter, please c	to be used for future annual report notification) all:	2023 APR 17 STURE JAN TALLAH
Sandra C	Chmielewski		952 412-4985	13
	Name o	f Person	at ()Area Code Daytime Telephone Numb	F
Enclosed	l is a check for th	he following amount:		Li , C
<b>■ \$25.</b> 0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certifie	ate of Status &
	Mailing Addres Registration S Division of C P.O. Box 632	Section Corporations	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

Breathing Space Today, LLC			
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	nany as it now appears on our records. I Liability Company)	)	
The Articles of Organization for this Limited Liability Companies Florida document number L23000105117	y were filed on $\frac{2/28/2023}{}$	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		- 12 13	
Enter new mailing address, if applicable:		38 1	
(Mailing address MAY BE A POST OFFICE BOX)		7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter tl</u>	he name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida		
	, rior	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>	<u>Address</u>	Type of Action
President	Sandra Chmielewski 7	10105 Whisper Pointe Dr. Tampa, FL 33647	<b>=</b> Add
			□Remove
			[] Change
<del></del>			🗆 Add
			APR Ghange
			P Remove
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Effective date, if other than the date of filing:  (optional)  (an effective date, if other than the date of filing:  (optional)  (an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to Note:  If the date inserted in his block does not meet the applicable statutory filing requirements, this date will not be locument's effective date on the Department of State's records.  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 d is filed.  Dated  33-01-  70-23	
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ated	after the
Signature of a member or authorized representative of a member	
Sandra L Chmielewski	

Filing Fee: \$25.00