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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SCOUDS and love LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Zykearia Gabriel Rache Clark Name of Person
Scrubs and Love LLC Firm/Company
4505 Deaville way
Pensacola, Florida 32505 City/State and Zip Code ZyKearia, Clark 5 Dicloud, Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tykearia Clark at (850) 776 - 9680 Name of Person at (850) Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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

Scrubs and Love LLC

(Name of the Limited Li (A FI	ability Company orida Limited Lia	<u>as it now appears on o</u> bility Company)	ur records.)		
The Articles of Organization for this Limited Liabili Florida document number <u>L230001147</u>		ere filed on <u>MacC</u>	th 06, 20	2 <u>23</u> and as:	signed
This amendment is submitted to amend the followin	g:				
A. If amending name, enter the new name of the	limited liabili	ty company here:			
Evelyn Rose Transport The new name inter be distinguishable and contain the words.	ation	KLC			
The new name must be distinguishable and contain the words	"Limited Liability	y Company," the designa	tion "LLC" or th	e abbreviation "L	L.C.``
Enter new principal offices address, if applicable	:	4505 Dear	Julleu)ay	
(Principal office address MUST BE A STREET A	DDRESS)	Pensacola,	Florida	32505	<u> </u>
					
Enter new mailing address, if applicable:		4505 Dea	UVITLE LA	Jay	
(Mailing address MAY BE A POST OFFICE BOX	<u>0</u>	Pensacola	, Floada	3250	<u> 2c</u>
B. If amending the registered agent and/or regist agent and/or the new registered office address he Name of New Registered Agent:		DEAUVILLE	is, enter the r	name of the ne	w registered
New Registered Office Address:	7505 Penso	Enter Florida su	vet address Florida	<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>	
_	1 0 13 [City	r iorida	TVip Code	<i></i>

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
			□ Remove
			□Change
			□ Add
			□Remove
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