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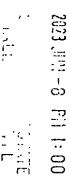
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

Office Use Only



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TO: Registration Section

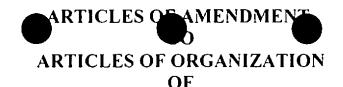
Division of Corporations

SUBJECT:	thin botish brond LLS	
	Name of Limited Liability Company	
The enclosed Articles	of Amendment and fee(s) are submitted for filing.	
Please return all corre	spondence concerning this matter to the following:	
	Sanchia Grant Name of Person	
	Name of Person	
	the Midichbrand	
	Firm/Company	
	2502 Maquin Rivad #500	
	Address	
	Dec Dew 34761	
	Occow 34761 City/State and Zip Code	
	Sanchiagrant 62@ Icloud com E-mail address: (to be used for future annual report notification)	
For further informatio	City/State and Zip Code Sarchiagrand 62 (a) Televide com E-mail address: (to be used for future annual report notification) n concerning this matter, please call:	
_		,
Sorchio	Count a1 (843) T12-4849 :	: -
Nan	e of Person at (843) H2 - 4849 Area Code Daytime Telephone Number	2
	F-1 -	-
Enclosed is a check fo	r the following amount:	
☐ \$25.00 Filing Fee	■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy 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



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•	DIII WALL BY	•				
(<u>Name of the Limited</u> (A	Liability Company as Florida Limited Liability	it now appears of the Company)	on our records.)			
The Articles of Organization for this Limited Liab	ility Company were			2 <u> </u>	nd assign	ed
This amendment is submitted to amend the follow:	ing:					
A. If amending name, enter the new name of th	e limited liability o	company here	<u>:</u>			"L.C."
The new name must be distinguishable and contain the word	ls "Limited Liability Co	impany," the desi	gnation "LLC" or t	he abbreviat	ion "L.L.C.	
Enter new principal offices address, if applicab	le:					
(Principal office address MUST BE A STREET)	4DDRESS)			<u> </u>	3	
	_				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-
Enter new mailing address, if applicable:				•	-3	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>			- <u>- </u>		
				·:		
B. If amending the registered agent and/or regi agent and/or the new registered office address b		ess on our rec	ords, <u>enter the</u>	name of t	<u>he new re</u>	gistere
Name of New Registered Agent:	Son	nchia	Donielle	Gno	mt_	
New Registered Office Address:	2582	MacGa	ARE D	od.	#50	$\overline{\mathcal{O}}$
-	000	Enter Florida		a Zip	344 E	اد

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, or ter the title, name, and address of each person being adde or removed frequence or removed frequency.

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Add
			□Remove
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