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S. ROBERTS

COVER LETTER

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

TO:

Division of Corp	orations		
SUBJECT:	Amethys-	+ Distributors, C	<u>LC</u>
The enclosed Articles of A	omendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
		Taeseung Rnot))
		TTHD LLC Firm/Company	
	2950 NW	62ND Street Address	- ste 111
	Fort Law Jaso	City/State and Zip Code ON KNOH Q A M o be used for future annust reported infection)	33309
For further information co	ncerning this matter, please ea	ıll:	
Jasor Name of	n Knoh	at (305) 450 Area Code Daytime Telept	- 4677 Tone Number
Enclosed is a check for the 7 \$25.00 Filing Fee	e following amount: □ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	l \$60.00 Filing Fee, Certificate of Status & Certified Copy raddinonal copy is enclosed)
Mailing Address Registration Solution of Co	ection	<u>Street Address:</u> Registration Section Division of Corporati	ons

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L23 0 00 196 533</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

_. Florida _

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>	Name	Address	Type of Action
			□Remove
			□Change
			□Add
			□Remove
			
			□Remove
			□Change
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Note: If the c	e, if other than the date of the listed, the date must be sp date inserted in this block do ffective date on the Departn	ses not meet the applicab	date of filing or more the statutory filing req	(optional) an 90 days after filing.) Pr uirements, this date wi	irsuancto 605,0207 (3 (b) If not be listed as the
If the record speci record is filed,	fies a delayed effective date.	, but not an effective tim	e, at 12:01 a.m. on th	e earlier of: (b) The 9	0th day after the
Dated	4/28/202	3			
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Filing Fee: \$25.00