Florida Department of S

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Division of Corporations

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Account Number : I20030000043

; (800)342-9856

Fax Number : (800)354-3381

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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K. SALY

AUG - 4 2023

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOVELITEALLC	
(Name of the Limited Liability Company as It now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed onJUNE 6, 2023 and assigned Florida document numberL23000272926	}
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 obbreviation "LL.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 registered agent and/or the new registered office address here:	e ney
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
, Florida	_

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 Registored Agent, Signature of New Registered Agent

Zip Code

Page 1 of 3

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR □ A	Authorized Member		
<u>Title</u> AMBR	Name DOUGLAS FLANK	Address 61 FIRST AVENUE	Type of Action
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Page 2 of 3

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the record specifies a d) The 90th day after ti	slayed effective da ne record is filed.	ite, but not an effe	ective time, at 12:0:	1 a.m. on the earlier	r of:
Dated		2023			
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	Signature of a me				
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Page 3 of 3

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