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COVER LETTER

Registration Section TO: **Division of Corporations** THE BUTTERLY EFFECT MANAGEMENT LLC SUBJECT: 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: LISA CHARLENE GRAY Name of Person THE BUTTERLY EFFECT MANAGEMENT LLC Firm/Company 5674 TIMBER MEADOW WAY Address SAINT CLOUD, FLORIDA, 34771 City/State and Zip Code CURLYLG76@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LISA CHARLENE GRAY 689 261-3727 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: **5**30.00 Filing Fee & □ \$25.00 Filing Fee ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (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

FILED

THE BUTTERLY EFFECT MANAGEMENT LLC

2023 JUL 24 AM 9: 15

(Name of the Limited Lia (A Flo	bility Company as it now appears on ourida Limited Liability Company)	ır records.)
The Articles of Organization for this Limited Liability Florida document number	06/14/202	TALLAHASSEE, FLORIDA
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability company here:	
THE BUTTERFLY EFFECT MANAGEMENT LLC		
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designati	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
B. If amending the registered agent and/or registe agent and/or the new registered office address her N//	<u>e</u> :	s, <u>enter the name of the new reg</u>
N/A	1	
New Registered Office Address:	Enter Florida stro	vet address
		, Florida
	City	Zıp 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> N/A	<u>Name</u> N/A	<u>Address</u> N/A	Type of Action
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_	X	Signature	of a member o	or authorized re	epresentative (of a member		•	