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COVER LETTER

	egistration Section ivision of Corporations	
SUBJECT	ESCAMBIU RECEFUL LIVING LLC Name of Limited Liability Company	
The enclos	ed Articles of Amendment and fee(s) are submitted for filing.	
Please retu	rn all correspondence concerning this matter to the following:	
	Daphne Delorne Name of Person	
	Escambig Raceful Living LLC	
	2802 Boambia CIT	
	North Part II 3428 City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further	information concerning this matter, please call:	
	Name of Person at 954 S34-2893 Area Code Daytime Telephone Number	
Enclosed i	s a check for the following amount:	
52 \$ 25.00	Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Certificate of Status \$\Certified Copy (additional copy is enclosed)\$ 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

Escambia Peace	ful Li	7776	24 JULI 18 11112	: 53
(Name of the Limited L		y as it now appears on ability Company)	our records.)	
The Articles of Organization for this Limited Liabil Florida document number <u>L 23000486</u> 0	lity Company v	were filed on <u>Ja</u>	n/18th/23	and assigned
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liabil	lity company here:		
The new name must be distinguishable and contain the words	"Limited Liabilit	ty Company," the design	nation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable	e:			
Principal office address MUST BE A STREET A	(DDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO)	<u>X)</u>			
				
B. If amending the registered agent and/or regis agent and/or the new registered office address be		ddress on our recoi	rds, <u>enter the name</u>	of the new registered
Name of New Registered Agent:	.=			
New Registered Office Address:		p m · ·		
		Enter Florida s		
-		City	, Florida	Zip 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>	<u>Name</u>	Address	Type of Action
MGB	Daphne Delorme	2802 Escambia CIG North Port F1. 34288	
		North Port F1. 34288	Remove
			□Change
			
			□ Remove
			□Change
			Remove
			□Change
			□Add
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an effective lote: If the	late, if other the date is listed, the de e date inserted in effective date of	date must be spec this block doe	cific and o	cannot be preet the app	licable stat	filing or more atory filing r	than 90 days	optional) after filing.) s, this date v	Pursuant to 605 vill not be list	5.0207 ted as t
record spe	ecifies a delayed	effective date,	but not a	an effectiv	e time, at 13	:01 a.m. on	the earlier o	of: (b) The	90th day afte	er the
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-		Signatu	ite of a m	tember or en	thorized rep	resentative of	a member			
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