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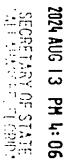
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FILED

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Favorite Treasures LLC 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:	
Susanna Butler	
Favorite Treasures L	LC.
26625W Bonable Dri	ive
Dunnellon, FL 3443	
Favetreasures@9mail E-mail address: (to be used for future annual report notification)	, <u>('0</u>),
For further information concerning this matter, please call:	
Susana Butler at (352) 615-39 Name of Person Daytime Telephon	876_ ne Number
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & 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

Fayorite Treas	SUY es L	LC our records.)	
(A Fforida Limited L		:	
The Articles of Organization for this Limited Liability Company	were filed on $_$	15 2024	and assigned
Florida document number $\frac{L24000313521}{}$	•		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
			, <u>22</u>
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designa	ition "LLC" or the abbre vi —⊆	fion L.C."
Enter new principal offices address, if applicable:		<u> </u>	A
(Principal office address MUST BE A STREET ADDRESS)		[2.5]	
		- Lo	3€ □
Enter new mailing address, if applicable:		- 변화 · - 작성	7 . 0
-		<u> </u>	o-
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our record	ds, enter the name of	the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida sti	reet address	
		, Florida	
	City	Z.	ip 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 Changing Registered Agent, Signature of New Registered Agent

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
AMBR	Susanna Butler	2662 SW Bonable Dr. Dunnellon, FL 34431	Add
			□ Remove
			🗆 Change
			□Add
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<u></u>			🗆 Add
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will indicate the date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90t	
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d is filed.	h day after the
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Dated 5 8	
Swan Butlon	
Signature of a member or authorized representative of a member	
Susanna Butler	

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Filing Fee: \$25.00