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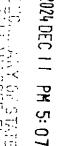
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## **COVER LETTER**

TO: Registration So Division of Con					
	FE QUILTS LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	CONNIE M MIRABELLA	A			
		Name of Person			
	QUIET LIFE QUILTS AN	ND CRAFTS, LLC			
		Firm/Company			
	6221 SCARLET DARTER WAY				
	Address TAMPA, FL 33625				
		City/State and Zip Code			
	QUIETLIFEQUILTS@GN		<u></u>		
	E-mail address: (	to be used for future annual report not	fication)		
For further information e	oncerning this matter, please c	all:			
CONNIE M MIRABELL	_A	813 220-3091			
Name o	f Person	at () Area Code Daytim	e Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address Registration 1	Section	<u>Street Address:</u> Registration Sec Division of Cor			
Division of Corporations P.O. Box 6327		The Centre of T	The Centre of Tallahassee		
Tallahassee,	FL 32314	2415 N. Monro	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

QUIET LIFE QUILTS, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 11/19/2024 and assig	gned
lorida document number L24000487667		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
QUIET LIFE QUILTS AND CRAFTS, LLC		
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "LL.	C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	202	
		· (
inter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
Mailing address MAY BE A POST OFFICE BOX)		11
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	7 07	
3. If amending the registered agent and/or registered office a	ddress on our records, enter the name of the new i	regist
gent and/or the new registered office address here:	· · · · · · · · · · · · · · · · · · ·	
Name of New Registered Agent:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
New Registered Office Address:		
	Enter Florida strect address	
	, Florida	
<del></del>	City 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 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>	<u>Name</u>	Address	Type of Action
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		<u></u>	□Remove
			□Change
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<ul> <li>Note: If the</li> </ul>	late, if other than the date of filing: the date is listed, the date must be specific and cannot date inserted in this block does not meet the effective date on the Department of State's	he applicable statutor;	g or more than 90 days after y filing requirements, this	onal) r filing.) Pursuant to 605.0207 ( is date will not be listed as t
the record spectord is filed.	ecifies a delayed effective date, but not an el	fective time, at 12:01	a.m. on the earlier of: ()	The 90th day after the
Dated DEC	EMBER 7, 20	24		
Dated	Signature of a memb	er or authorized represer	tanive of a member	
,				
_	CONNIE M MIRABELLA	ed or printed name of sig	FILL'S	<del></del> -

Filing Fee: \$25.00