L25000079893

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TO: Registration Se Division of Cor				
subject: Stre	ngth 1s Her N Name of Lim	(IMC))_() ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Haley Bus	Name of Person		
	Strength 1	5 HER Name Firm/Company		. 2
	11532 Birch Fo	orest Cir. E Address		SECRETARY OF STATE
	Jacksonville,	FL 32218 City/State and Zip Code	<u></u>	限品等7 里下台
	Strengthishern JE-mail address: (ome 007 (amin) . (pm	ification)	5
For further information c	oncerning this matter, please c	ali:		
Halty Bush Name o	f Person	at (904) LOS Sarra Code Daytin	ne Telephone Number	
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	S60.00 Filin	=

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

(additional copy is enclosed)

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Certified Copy (additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company Florida document number <u>L 2500029893</u> .	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	lity company here:	
Strength Is HER Name LLC The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	11532 Birch Forest	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		2025 SEC
B. If amending the registered agent and/or registered office a	address on our records enter the	name of the new registered
agent and/or the new registered office address here:	address on our records, enter the	
Name of New Registered Agent:		mo = ,
New Registered Office Address:	Enter Florida street address	- 12 - 12 - 12
	Litter Fibrial Sirect data ess	
	City, Floric	ia 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
MGR	Haley Bush	11532 Birch Forest Cir. E.	□Add
			□Remove
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