

L20 0000 1266Z

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

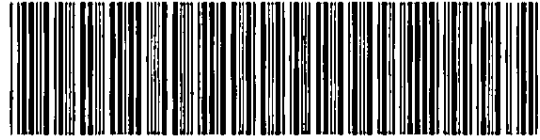
(Business Entity Name)

(Document Number)

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06/23/21--01026--006 **25.00

2021 JUN 23 AM 11:38

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Wardrobe & Ware 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:

Jennifer Pleasant

Name of Person

Ortega & Figueroa Accounting & Tax Services Inc

Firm/Company

101 N State Road 7, Ste 111

Address

Margate, FL 33063

City/State and Zip Code

office@margatetaxservices.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Pleasant

954

954 974 3338

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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**

Wardrobe & Ware LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/06/2020 and assigned Florida document number L20000012662.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

38 Vista Lake Circle

Ponte Verde, FL 32081

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

38 Vista Lake Circle

Ponte Verde, FL 32081

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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Jessica Hobson	19450 Delaware Circle	<input type="checkbox"/> Add
		Boca Raton, FL 33434	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	James Hobson	19450 Delaware Circle	<input type="checkbox"/> Add
		Boca Raton, FL 33434	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jessica Hobson	38 Vista Lake Circle	<input checked="" type="checkbox"/> Add
		Ponte Verde, FL 32081	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	James Hobson	38 Vista Lake Circle	<input checked="" type="checkbox"/> Add
		Ponte Verde, FL 32081	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2008 JUN 13 AM 11:38

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2021 JUN 23 AM 11:38

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated June 15th _____ 2021 _____

Signature of a member or authorized representative of a member

Jessica Hobson

Typed or printed name of signer

Filing Fee: \$25.00

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated June 15th , 2021



Signature of a member or authorized representative of a member

Jessica Hobson

Typed or printed name of signer

Filing Fee: \$25.00