

L200000327150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

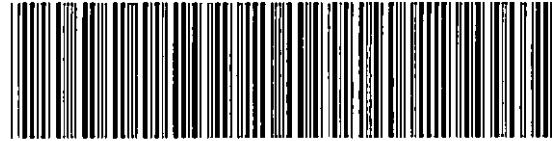
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Mr. Poole advised he did not want any changes made to the authorized persons section
3/29/23
V.W.

Office Use Only



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3/29/23
V.W.

SECRETARY OF STATE
TALLAHASSEE, FL

2023 JAN 25 AM 11:52

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Piggy Banks 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:

Sharone Poole
Name of Person

Firm/Company

5663 Cypress Creek Dr
Address

Grant FL 32149
City/State and Zip Code

Sharone poole 9@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharone Poole at (917) 226 2238
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

~~WALA~~ \$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

Piggy Banks 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 10/15/2020 and assigned Florida document number L20000327150

This amendment is submitted to amend the following:

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

Sharone Poole Creative LLC

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)

498 Olney St SW

Palm Bay FL 32908

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

498 Olney St SW

Palm Bay FL 32908

2020 JAN 25 AM 11:52
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SECRETARY OF STATE
TALLAHASSEE, FL

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:

Sharone Poole

New Registered Office Address:

498 Olney St SW

Enter Florida street address

Palm Bay

City

Florida

32908

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.

Sharone Poole

If Changing Registered Agent, Signature of New Registered Agent

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

Lined area for amending information.

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 1/24/23

Sharone Poole
Signature of a member or authorized representative of a member

Sharone Poole
Typed or printed name of signee