## 121000138017

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		





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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: 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:	
Name of Person	
Pypy Docy VIDES LLC  Firm/Company	
8635 W Hillsborough Ave. unit 48	<u>/</u>
City/State and Zip Code  City/State and Zip Code  E-mail address: (to be used for filture annual report notification)	7
For further information concerning this matter, please call: $(9-254-31)2$	
Name of Person at S13, 440 - 0880  Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address:  Street Address:	

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

	20 PH 5: 14
(Name of the Limited Liability Compa) (A Florida Limited L	ny as it now appears on our records.)  Clability Company)
The Articles of Organization for this Limited Liability Company Florida document number 2100138017	were filed on $3 - 24 - 21$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity 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)	
Enter new mailing address, if applicable:  (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 records, enter the name of the new registered
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 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 Type of Action Title Jasmire Jores 8635 W. Hillsboragherde AVC. TCMPG FL 336 Exemove □ Change MGR Josnine Jones 8635 W. Hillsboragh Made AUC. TCMPG FL 33US Remove ☐ Change <u>S</u> □Add ় <u>ഗ</u> □Remove □ Change  $\square$ Add □Remove ☐ Change  $\square$ Add Remove ☐ Change □Add Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets. if necessary.)
I would like to add Jasmire Jones
as AMBR + WAR SO T COM MEN UP
CI DAVINGES OF COLOR CONTROL C
a business account for my company.
<u> </u>
E. Effective date, if other than the date of filing:  (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  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 9-16-21
Signature of a member or authorized representative of a member
Josmine Jones
Typed or printed name of signee