

L21000195738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

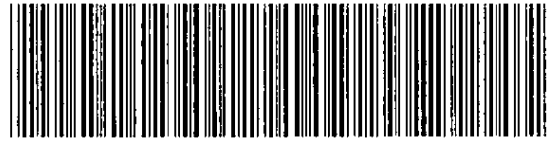
(Business Entity Name)

(Document Number)

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2023 SEP -5 AM 11:27

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SELF-DISCIPLINE STARTS NOW 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:

BRIANNA M. CACAMESE

Name of Person

Firm/Company

3021 Savosa Avenue

Address

Kissimmee, FL 34741

City/State and Zip Code

bcacamese@gmail.com

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

For further information concerning this matter, please call:

BRIANNA CACAMESE

813 358-3594
at () _____
Area Code Daytime Telephone Number

Name of Person

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

To Whom It May Concern,

My previous attempt
to change my LLC name
was rejected due to misinformation
and my not attaching the
3rd blank page.

Thank you for
helping me!

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SELF-DISCIPLINE STARTS NOW 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:

BRIANNA M. CACAMESE
Name of Person

Firm/Company

2431 ALOMA AVENUE
Address

WINTER PARK, FLORIDA 32792
City/State and Zip Code

ADMIN@SEL.FLOVESTARTSNOW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRIANNA CACAMESE 631 245-5150
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)

Payment Previously Processed

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**

SELF-DISCIPLINE STARTS NOW 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 APRIL 27, 2021 and assigned Florida document number L21000195738.

This amendment is submitted to amend the following:

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

SELF-LOVE STARTS NOW 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)

2431 ALOMA AVENUE

WINTER PARK, FLORIDA 32792

UNITED STATES

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2431 ALOMA AVENUE

WINTER PARK, FLORIDA 32792

UNITED STATES

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.

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CLERK OF CIRCUIT COURT
JUDICIAL CIRCUIT IN AND FOR
FLORIDA
COUNTY OF BREVARD

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

Multiple horizontal lines for amending information.

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STATE OF NEW YORK
DEPARTMENT OF STATE

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)7.

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 SEPTEMBER 13 2023

signature of a member or authorized representative of a member

BRIANNA M. CACAMESE

Typed or printed name of signee