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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: 5 &	M After ba	rk and in b	etween W
	Name of Limit	ted Liability Company	··········
T1 1 . 1	A 1	arte a figure	
	Amendment and fee(s) are subm		
Please return all correspo	ndence concerning this matter t	o the following:	
	Michelle	BY OOKS Name of Person	
		Firm/Company	
	9975 SW	Address	
	Miami Fl hopnoxtoo	33157	
	beenex+ger	Obe used for future annual report noti	
For further information co	oncerning this matter, please ca	II:	
Michelle Name o	BY00 KS	at (<u>305</u>) <u>703 -</u> Area Code Daytim	4502— e 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 (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C	Section orporations	Street Address: Registration Seconds of Cor	porations
P.O. Box 632	1	The Centre of T	ananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S & M After Dark and In Detween UC

(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 Florida document number <u>L21000319 179</u>	were filed on $\frac{7 13 202 }{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
Michelle Brooks LLC	
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)	14062 SW 260 ST # 106 Homestead, Fl 33032
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9975 SW 164 St Man 1, Fl 33176
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	Enter Florida street address 7 2 2 5 Florida 7 2 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
		/	Remove
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			Remove
			□Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ve date, if other than the date of filing:
the recor	d 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 ed.
Dated	March 17 2023
	mmaes
	Signature of a member or authorized representative of a member
	Michelle Brooks Typed or printed name of signee