

L21000335619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

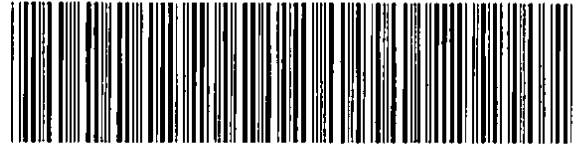
(Business Entity Name)

(Document Number)

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DEPT OF STATE
TALLAHASSEE, FL
LED

R. HUNT
06/26/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lauren Piccione, 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:

Lauren Piccione
Name of Person

Lauren Piccione, LLC
Firm/Company

183 W Agtor Circle
Address

Delray Beach FL 33484
City/State and Zip Code

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

RECEIVED
DIVISION OF STATE
CORPORATIONS, FL
2013. 1. 26 PM 4:34

For further information concerning this matter, please call:

Lauren Piccione at (609) 609-647-7633
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**

Lauren Piccione, 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 7/23/2021 and assigned Florida document number 121000335619.

This amendment is submitted to amend the following:

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

Sensory Seekers 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)

183 W Astor Circle
Delray Beach FL
33484

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

183 W Astor Circle
Delray Beach FL
33484

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

STATE
FLORIDA
SECRETARY OF STATE

25 PM 4:35

FILED

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

