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PICK-UP	WAIT MAIL
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Y. SCOTT
JUN 17 2023

## **COVER LETTER**

TO: Registration Se Division of Cor					
Girl Boss C SUBJECT:	ulture LLC				
SUBJECT:	Name of Lim	nited Liability Company			
The enclosed Articles of .	Amendment and fee(s) are sub	omitted for filing			
	ndence concerning this matter	-			
	Ekaterina Dmitrienko				
		Name of Person			
	For You and Me LLC				
		Firm/Company			
	PO BOX 692276		,	2023 HAY -	en en en en
		Address	·=]	Λ. -	
	Orlando, F1, 32869	•	 O		77
		City/State and Zip Code	To A	PM 2: 1	
	foryouandme.co@gmail.co	m to be used for future annual report noti-		19	
For further information co	oncerning this matter, please c	·			
Ekaterina Dmitrienko		614 615-6519			
Name of	Person	at () Area Code Daytim	e Telephone Number		
Enclosed is a check for the	e following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Fili Certificate Certified ( (additional e	e of Sta Copy	tus &
Mailing Addres Registration S	<del>_</del>	<u>Street Address:</u> Registration Sec	ction		
Division of C	orporations	Division of Cor	porations		
P.O. Box 632 Tallahassee, I		The Centre of T 2415 N. Monro	'allahassee e Street, Suite 81	0	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Girl Boss	Culture LLC
( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L210038691</u>	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
For You and Me LLC	
The new name must be distinguishable and contain the words "L	imited 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 ADI	DRESS)
	red 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
<del></del>	City Zip Code
New Registered Agent's Signature, if changing Registe	red 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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of A	ction
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cord specifies a delayed effective s tiled.	date, but not an effec	tive time, at 12:0	la.m. on the ear	dier of: (b) T	The 90th o	day after t
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DMC	Signature of a member o					
•	Signature of a member of	r authorized repres	entative of a mem	Ser		