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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: A Feen'S Palate Liability Company 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:
Macgan Barber
A Feen'S Palace LLC
2310 Dewey St, SIDE
Hollywood FL 33020
City/State and Zip Code OCH DOLL DER OCH OCH COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Margan Barber at 7800 510 5010 = 5
Name of Person Area Code Daytime Telephone Number R SSO Enclosed is a check for the following amount:
Enclosed is a check for the following amount: \$\begin{array}{ c c c c c c c c c c c c c c c c c c c

Mailing Address:

TO:

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

(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on ou ability Company)	r records.)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L2200349933</u>	were filed on 08 -(09-2022) and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:	N/A	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation	on "LLC" or the abbrevia	ation "L.L.C."
Enter new principal offices address, if applicable:	NA	· · · · · · · · · · · · · · · · · · ·	he new registere Code comply with the ar with and so document is
(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 adagent and/or the new registered office address here:	M/A ddress on our records	TALL MHASSES, For STACE	P-9 ED
Name of New Registered Agent: New Registered Office Address: New Registered Office Address:	JA Enter Florida stree		
	Enter r torida stree	er adaress	
	City	, Florida Zi	ip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my du rovided for in Chapte	ties, and I am famil r 605, F.S. Or, if the	iar with and is document is

If Changing Registered Agent, Signature of New Registered Agent

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>	Name	Address	Type of Action
MGR	Kenisha Bodaten	745 NW 46th St,	[I]Add
		Miamu, FL 33127	□Remove
		United States, USG	/ □Change
MEIR	Norman Berrios	2310 Deney St,	El Add
		HOLLYWOOD, FL 33020	Remove .
		United States, USA	/ □Change
			□Add
			□Remove
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an effect lote: If	date, if other than the date of filing: Sept. 18t 2022 (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuathe date inserted in this block does not meet the applicable statutory filing requirements, this date will not seffective date on the Department of State's records.	ant to 60 ot be lis	5.0207 (ted as t
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th	day afte	er the
l is filed	September 5th 2022		
record s d is filed ated	Statember 5 th 2022 Standard of a member or authorized representative of a member		