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(Re	equestor's Name)	
(Ác	ddress)	
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(Cı	ty/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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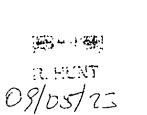


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COVER LETTER

Division of Co				
0115 TH 600	ME SLIME LLC			
SUBJECT:	Name of Lim	ited Liability Company	 	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	MAGDELINE DE LA CR	UZ		
		Name of Person	· · · · · · · · · · · · · · · · · · ·	
	ADORE ME SLIME LLC			
		Firm/Company		202
	7807 CAPWOOD AVE.			2023 SEP -5
		Address	, , ₁₈	10
	TEMPLE TERRACE, FLO	ORIDA. ZIP CODE 33637		
		City/State and Zip Code	** *** *******************************	<u>.</u>
	ISRAELAMARO7@PROT	ONMAIL.COM to be used for future annual report notifica	Mina)	PM 12: 40
For further information	concerning this matter, please of		anon,	
ISRAEL AGUILAR A	MARO	813 459-0924		
Name	of Person	at () Area Code Daytime 1	elephone 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 Addre Registration		<u>Street Address:</u> Registration Secti Division of Corpo		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ADORE ME SLIME LLC		
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records rida Limited Liability Company))
The Articles of Organization for this Limited Liability	y Company were filed on 08/14/2022	and assigned
Florida document number L22000357637		
This amendment is submitted to amend the following	;	
A. If amending name, enter the new name of the l	imited liability company here:	
ST. JOSEPH DIY WOODWORKING LLC.		
The new name must be distinguishable and contain the words "I	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 AD	DRESS)	993 SE
		<u> </u>
		07 A
Enter new mailing address, if applicable:		- 5 - 686
(Mailing address MAY BE A POST OFFICE BOX)	·	DE GG
(Maning address MATT BE A TOST OF THEE BOXY)		
		
B. If amending the registered agent and/or registe agent and/or the new registered office address her		he name of the new registered
Name of New Registered Agent:		
Navy Devictored Office Address		
New Registered Office Address:	Enter Florida street address	
	Flo	eida
	Flo	rida Zip Code
New Registered Agent's Signature, if changing Registe	cred Agent:	
I hereby accept the appointment as registered age	ent and agree to act in this capacity. I fur	ther garee to comply with the
provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change.	d complete performance of my duties, and d agent as provided for in Chapter 605. F tered office address. I hereby confirm tha	d Lam familiar with and F.S. Or, if this 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 Title Title **Name** <u>Address</u> Type of Action ______□Remove _____ □Change _____ □Remove □Add □Reminer □ Change ______ □Remove _____ □Change _____ Change ______ 🗀 Add _____ □Remove

______ Change

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Effective date, if other than If an effective date is listed, the date Note: If the date inserted in the document's effective date on the second seco	must be specific is block does no	and cannot be pri of meet the appi	icable statutory	g or more than 90 filing requirer	optional) days after filing.) P nents, this date wi	ursuant to 605.0207 Il not be listed as
e record specifies a delayed efford is filed.	ective date, but	not an effective	time, at 12:01	a.m. on the ear	flier of: (b) The S	00th day after the
	28TH	2023	·			
Dated MONDAY, AUGUST		-0				
Dated MONDAY, AUGUST	\/\(\lambda_2\)	f a member or au				<u> </u>

Filing Fee: \$25.00