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COVER LETTER

TO: Registration S Division of Co			
	NA'S LOVE LLC		
SUBJECT:	Name of Li	mited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	AKIL YISRAEL		
		Name of Person	
	FOCUS 9 ENTERPRISE	S LLC	
		Firm/Company	
	2728 ENTERPRISE RD S	STE 200	
		Address	
	ORANGE CITY, FL 3270	53	
		City/State and Zip Code	
	AYIRAEL@FOCUS9ENT	ERPRISES.COM to be used for future annual report no	tification)
For further information of	concerning this matter, please c		uncation)
AKIL YISRAEL		386 9900	
Name o	of Person	at ()	ne Telephone Number
		·	
Enclosed is a check for t	he following amount:		2024
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Gopy (additional copy is encapsed)
Mailing Addres Registration S		Street Address: Registration Se	ection
Division of C	orporations	Division of Co	
P.O. Box 632		The Centre of	Γallahassee
Tallahassee, I	L 32314		pe Street, Suite 810
		Tallahassee, FI	_ 34303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our r nited Liability Company)	ecords.)	
The Articles of Organization for this Limited Liability Complorida document number <u>L24000010556</u> .	pany were filed on 1/3/24	<u> </u>	_ and assigned
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited	liability company here:		
CHRISTIANA'S LOVE LLC			
he new name must be distinguishable and contain the words "Limited l	Liability Company," the designation	"LLC" or the abbro	eviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS	<u></u>		
			302
		,	7
nter new mailing address, if applicable:		•	,
Mailing address MAY BE A POST OFFICE BOX)		$\sim 10^{-8}$	о П
Taming damed with BETT OF THE BOTT	<u> </u>	71.	- F
		<u> </u>	<u>. </u>
 If amending the registered agent and/or registered off gent and/or the new registered office address here: 	fice address on our records, <u>e</u>	nter the name o	of the new regi
Name of New Registered Agent:			
New Registered Office Address:			_
	Enter Florida street a	uddress	
		_, Florida	
	Citv		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

CHRISTINA'S LOVELLC

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, 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
MGR	OKIEMUTE RENE PARRA	694 cunter bury Rd	
		CLEARWATER, FL 33764	□Remove
			
			□ Add
			□Remove
			□Change
			🗀 Add
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	1/2/24		
Effective date, if other than the da (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	k does not meet the applicable	date of filing or more than 90 le statutory filing requirer	(optional) days after filing.) Pursuant to 605.0207 (2) ments, this date will not be listed as the
	ate, but not an effective time	e, at 12:01 a.m. on the ear	licr of: (b) The 90th day after the
ord is filed.	2024		
ord is filed. Dated AT AT AT AT AT AT AT AT AT A			
ord is filed. Dated AT AT AT AT AT AT AT AT AT A	2024 gnature of a member or authoriz	ed representative of a memb	er