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COVER LETTER

TO: Registration Division of C	Section Corporations		
	utners LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Andrew Cohen		
		Name of Person	
	ABC Partners LLC		202' ;
	*********	Firm/Company	5 H
	800 SW 12th Terrace		2025 MAR 19 AM 11: 03
		Address	
	Boca Raton, FL 33486		#H:1
		City/State and Zip Code	
	zcohen14@yahoo.com		·
	E-mail address: (to be used for future annual report not	itication)
For further information	on concerning this matter, please c	all:	
Andrew Cohen		480 242-4827	
Nam	e of Person		ne Telephone Number
Enclosed is a check for	or the following amount:		
■ \$25,00 Filing Fee	S30.00 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)
<u>Mailing Add</u>	I <u>ress:</u>	Street Address:	
Registratio		Registration Se	
	f Corporations	Division of Co	•
P.O. Box 6	0327 e FL 32314	The Centre of	l allahassee

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ABC Partners LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records. .iability Company))
The Articles of Organization for this Limited Liability Company	were filed on 7/19/2024	and assigned
Florida document number L24000324725		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
TieDye Couture LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	800 SW 12th Terrace	
(Principal office address MUST BE A STREET ADDRESS)	Boca Raton, FL 33486	
		28
Enter new mailing address, if applicable:	800 SW 12th Terrace	D care
(Mailing address MAY BE A POST OFFICE BOX)	Boca Raton, FL 33486	يا ب
		2 (V)
		- 'Sara'
B. If amending the registered agent and/or registered office	address on our records, <u>enter t</u>	he 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	
	Flor	
	City	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

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
			□Remove
			□Change
			□ Rетюче
			□Change
			Add The Paragraph
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fective date, if other than the one offective date is listed, the date must	late of filing: ,	nnot be prior t	a date of filing o	r more than 90 da	(optiona	l) 10) Pursu	ent to 605 03
te: If the date inserted in this blo cument's effective date on the De	ck does not mee	et the application	ble statutory f	ling requiremen	nts. this da	te will n	ot be listed
ecord specifies a delayed effective is filed.	date, but not an	effective tin	ne, at 12:01 a.i	n, on the earlie	r of: (b)	The 90th	day after th
March 14th ted		2025					
***	 , .						

Typed or printed name of signee