172000107694

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



200385015302

04/08/22--01013--006 **50.00

FILED

2022 APR -6 PH 12: 52

SECTION IN SECTION E

COVER LETTER

TO:

	Registration Section Division of Corporations				
SIID IEZW.	Alycia Dazzle Kay	•			
SUBJECT:	Name of Lin	Name of Limited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
	Alycia Parks				
		Name of Person	——————————————————————————————————————		
	Alycia Dazzle Kay				
		Firm/Company			
	1875 SW. Newport Isles	Blvd			
		Address			
	Port St Lucie, FI, 34953				
		City/State and Zip Code			
	alycia20@icloud.com				
For further information	E-mail address: (concerning this matter, please c	to be used for future annual reporall:	1 notification)		
Alycia Parks		561 664-20			
Name	of Person	at ()	aytime Telephone 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	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address: Registration Section		Street Addre			
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee			
		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 APR -6 PM 12: 52

ALYCIA DAZZLE KAY, LL	-C		SF Co.
(Name of the Lim	ited Liability Company (A Florida Limited Lia	as it now appears on bility Company)	our records.) TALL MASSEE, FL
The Articles of Organization for this Limited I lorida document number L22000107894	Liability Company w	ere filed on 03/02	and assigned
his amendment is submitted to amend the fol	llowing:		
a. If amending name, enter the new name	of the limited liabili	ty company here:	
he new name must be distinguishable and contain the	words "Limited Liability	Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		290 NW Peacock I Port Saint Lucie, F PO Box 882054	
3. If amending the registered agent and/or ogent and/or the new registered office addr Name of New Registered Agent:		dress on our recor	ds, enter the name of the new registe
New Registered Office Address:	1875 SW. Newp	ort Isles Blvd	
New Registered Office Addiess.		Enter Florida s	treet address
	Port Saint Lucie	, FI	Florida 34953 Zip Code
		City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
hereby accept the appointment as register provisions of all statutes relative to the pro			

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.

Myua Parks

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	<u>Name</u>	Address	Type of Action
MGR	Alycia M Parks	1875 sw newport isles blvd port saint lucie fl	34953 ⊚ Add
			□Remove
		•	DChange
			🗀 Add
		-	□Remove
			□Change
			🗀 Add
			□Remove
			□Change
		🗆 Add	
			□Remove
			□Change
			□Add
			URemove
			☐ Change
			□Add
			□Remove
			ElChana

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
-	
	
_	
•	
-	
•	
-	
-	
-	
-	
-	
Note:	ive date, if other than the date of filing: (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date inserted on the Department of State's records.
the recor	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	3/21/2022
	Alyna Parks
	Signature of a member or authorized representative of a member
	Alycia Parks
	Typed or printed name of signee

Filing Fee: \$25.00