

LO3 0000 10951

10/11

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

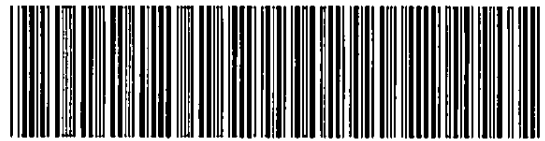
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/05/24--01011--006 **30.00

FILED
2024 JUN -5 PM 12:14
SEC. OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Just for you "LLC"
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:

Elvira MOORE Gethers
Name of Person
Just For You, "LLC"
Firm/Company
3290 NW 43rd Place
Address
Oakland Park, FL 33309
City/State and Zip Code
waggte0@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elvira MOORE Gethers at (954) 303-4149
Name of Person Area Code Daytime 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)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

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
OF

FILED

2024 JUN -5 PM 12:14

Just for you "LLC"

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SEC. 605, F.S. STATE
TELEPHONE CLASSIFIED

4-29-15 But First Originally Filed
Business

The Articles of Organization for this Limited Liability Company were filed on 3-27-2003 and assigned
Florida document number LO3000010951

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Get Hers "LLC"

The new name must be distinguishable and contain the words "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 ADDRESS)

3290 NW 43rd Place
Oakland PK, FL 33309

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3290 NW 43rd Place
Oakland PK, FL 33309

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Elvira MOORE Gethers

New Registered Office Address:

3290 NW 43rd Place

Enter Florida street address

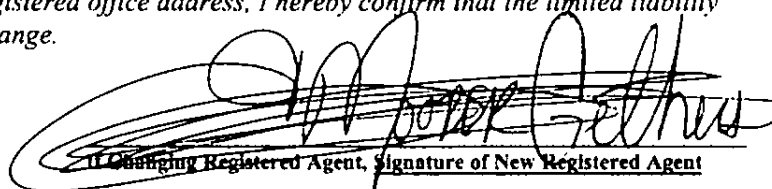
Oakland PK, Florida 33309

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Alicia C. Sears	3290 NW 43 rd Place	<input type="checkbox"/> Add
		Oakland PK, FL 33309	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Andrew J. Gethers	3290 NW 43 rd Place	<input type="checkbox"/> Add
		Oakland PK, FL 33309	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Hats, Clothing, Jewelry, Hand made Flower Corsages
Hand made Canvas Flowers, Purses, Unique one of
a kind Party rentals etc., , , ,

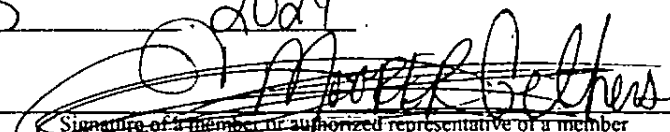
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated May 5 2024



Signature of a member or authorized representative of a member
Elving Moorer Gethers

Typed or printed name of signee