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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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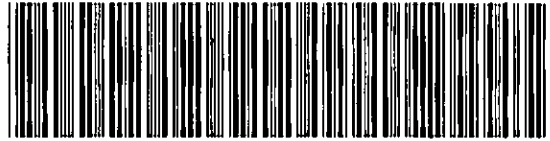
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE FLORIDA

2019 JAN 28 PM 1:56

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D. BRUCE
FEB 04 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SECONDHAND SAVVY 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:

Jennifer Estrada

Name of Person

SECONDHAND SAVVY LLC

Firm/Company

210 S. KINGS AVE. STE D

Address

BRANDON, FL 33511

City/State and Zip Code

info@consignsavvys.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shelbi Weeks

813 643-6020
at () Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RECEIVED
TALLAHASSEE, FL 32301
JAN 28 2019

2019-JAN-28-PM-1:56

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SECONDHAND SAVVY LLC

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

The Articles of Organization for this Limited Liability Company were filed on 06/21/2006 and assigned
Florida document number L06000062786.

This amendment is submitted to amend the following:

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

SAVVY CONSIGNMENT BOUTIQUE 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

ADD (NOT REPLACE)

Name of New Registered Agent:

Shelbi Weeks

New Registered Office Address:

210 S KINGS AVE STE D

Enter Florida street address

Brandon

City

Florida 33511

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>
MGR	SHELBI WEEKS	210 S KINGS AVE STE D, BRANDON, FL 33511	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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2020 JAN 28 PM 1:55
TALLAHASSEE FLORIDA
CLERK OF DISTRICT COURT

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

ADDING NOT REPLACING registered agent - Shelbi Weeks

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-2019-JAN-28-PM-1:55
FBI - NEW YORK

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

JAN 24, 2019

Signature of a member or authorized representative of a member

Shelbi Weeks

Typed or printed name of signee