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COVER LETTER

TO:

Tallahassee, FL 32314

FO: Registration Sec Division of Corp			
eren reeve.	Sue O'V	ery Designs, Ll	1
SUBJECT:	Name of Limit	ted Islability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	<u> </u>	an O'Very Name of Person	
		O'Very Design	<u> </u>
	5695 King	fish Or Apt B	
	Lutz	F1. 33558 City/State and Zip Code	
		weet 98@ yahoo.	
For further information co	oncerning this matter, please ca	di:	
Susan Name of	O'Very Person	at (<u>\$13</u>) 900 -	-5125 ne Telephone Number
Enclosed is a check for th	ne 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 Addres Registration S Division of C	Section	<u>Street Address:</u> Registration Se Division of Co	
P.O. Box 632	•	The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sue O'Very	Oesigns, LLC
(Name of the Limited Liability Compa (A Florida Limited I	ny as it need appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company	were filed on Jan 28, 2011 and assigned
Florida document number <u>L 110000 11780</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	
Sookie S The new name must be distinguishable and contain the words "Limited Liabil	Sews LLC
The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable:	5695 Kingfish Or
(Principal office address MUST BE A STREET ADDRESS)	5695 Kingfish Or Apt B Lutz, FL 33558
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	
Name of New Registered Agent:	Susan O'Very
New Registered Office Address: 569	Susan O'Very 5 King fish Or Apt B. Emis Florida street address
	Enter Florida street address Utz . Florida 33558 Zip Colle
	9
Now Dagistorad Agent's Signature if shanging Registered Agents	*

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 Royistered 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
			□Add
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
	····		□Add
			□Remove
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te: If the date	f other than the disted, the date of inserted in this live date on the	block does no	t meet the app	licable statutory	22/ gor more than 90 filing requirem	(optional) days after filing.) eents, this date w	Pursuant to 605,020 vill not be listed τ
cord specifies s filed.	a delayed effect	tive date, but r	not an effective	: time, at 12:01	a.m. on the earl	ier of: (b) The	90th day after th
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<i></i> -/-		1	710000	Olly athorized represen	_		

Filing Fee: \$25.00