## L14000130024

(Requestor's Name)				
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(0), (0), (7), (0)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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2024 DEC -5 AM 9: 04

## **COVER LETTER**

TO:		stion Sect of Corpo			
CUP IP	DIN	NA'S TAI	LOR & ALTERATIONS LL	С	
SUBJE	C1:		Name of Lim	ited Liability Company	
The enc	losed Art	icles of A	mendment and fee(s) are sub	mitted for filing.	
Please re	eturn all c	correspon	dence concerning this matter	to the following:	
			BLANCA CASTRO		
				Name of Person	
	Firm/Company				
			8418 WOODLAKE DR		
				Address	
	TAMPA, FL 33615  City/State and Zip Code				
			BLANCADINA1975.BB@	GMAIL.COM to be used for future annual report notification)	
For furt	her inform	nation cor	e-mail address: ( neerning this matter, please c	•	
	CA CAST			813 403-9981	
		Name of l	Person	at (	
C1	alia o oba	ale far tha	fallouing arraysts		
			following amount:		0.00 577
<b>■ \$25</b>	5.00 Filing	g Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Co (additional copy is enclosed) Co	0.00 Filing Fee. ertificate of Status & ertified Copy dditional copy is enclosed)
		Address:		Street Address: Registration Section	
/		ration So on of Co	rporations	Division of Corporations	
	P.O. B	ox 6327	,	The Centre of Tallahassee	
	Tallah	assee, Fl	L 32314	2415 N. Monroe Street, S Tallahassee, FL 32303	uite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2024 DEC -5 AM 9: 04

DINA'S TAILOR & ALTERATIONS LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records nited Liability Company)	AHASSEE. FLORIDA
he Articles of Organization for this Limited Liability Com		and assigned
lorida document number L14000130024		<del>-</del>
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
NNA'S TAILOR BOUTIQUE & ALTERATIONS LLC		
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u></u>	<u></u>
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	<del></del>	
. If amending the registered agent and/or registered of	fice address on our records, enter t	he name of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Flo	rida
	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:

<del></del>	
MGR = Manager	
AMBR = Authorized Member	

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
	<del></del>		□ Add
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. If amending any other miorus	ation, enter change(s) here: (Atta	ich daditional sheets, if heces	
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Note: If the date inserted in this	e date of filing:  11/25/2024  ust be specific and cannot be prior to date of clock does not meet the applicable state of compartment of State's records.	tutory filing requirements, this	filing.) Pursuant to 605.0207 (
he record specifies a delayed effect ord is filed.	ve date, but not an effective time, at	12:01 a.m. on the earlier of: (b)	The 90th day after the
Dated	. 2024		
Bh	Signature of a member or authorized re	presentative of a member	
BLANCA CASTRO	Grander of administration for	E	
DLANCA CASTRO	Typed or printed name	of signee	

Filing Fee: \$25.00