1600022513

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# **COVER LETTER**

#### TO: **Registration Section Division of Corporations**

SUBJECT: <u>Seesters</u> The 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:

Carina Sylkes Name of Person

Firm/Company

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

For further information concerning this matter, please call:

Carina Sylle's at (757) 2535578 Name of Person Area Code Davtime 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/COURIER ADDRESS:

**Registration Section Division of Corporations Clifton Building** 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF A TO	
ARTICLES OF O	RGANIZATION
Seesters Trube (Name of the Limited Liability Compan (A Florida Limited L	
The Articles of Organization for this Limited Liability Company	were filed on <u>21617</u> and assig
Florida document number $\angle 1600033513$ .	
This amendment is submitted to amend the following:	Ċ,
A. If amending name, enter the new name of the limited liabil	lity company here:
Mod Tribe Bouti	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C
Enter new principal offices address, if applicable:	13073 Payton St. colessa PL 33556
(Principal office address MUST BE A STREET ADDRESS)	caessa RL 33556
Enter new mailing address, if applicable:	IX 21
(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 registered agent and/or the new registered office address here:

Name of New Registered Agent:	carina chri	stine sykis
New Registered Office Address:	13023 Paytor Enter Florid	n street address
	<u>City</u>	, Florida <u>33556</u> 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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docum 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.

ing Registered Agent. Signature of New Registered Agent Church

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person bei</u> . <u>or removed from our records</u>:

## MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	<u>Type of A</u>
AR	Natasha crave	12917 Payton St. Odessa R 33556	O Add
		Please remove so the	Remo
		my carina sykes is the owner + operator of this business.	Chang
		mis Business.	Add
			Remo <sup>.</sup>
			Chang
	<u> </u>		🖸 Add
			🗆 Remov
			Change
			_D Add
			_ 🗆 Remove
			_□ Change
	<u> </u>		Add
			_□ Change
			🗆 Add
			_ Remove

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

from This is to amend the name ModTribe Tribe LLC to now be as veu as remaining Natasha Crave from the business so there is no longer a 50/50 partnessly but by carina sykes instead sole auneshi

E. Effective date, if other than the date of filing: <u>Septemver</u> (5, 3, 3, 3) (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 605.0 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed 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 (b) The 90th day after the record is filed.

Dated	September 15, <u>acis</u>	
	Marchan Marchan	
	Signature of a member of authorized representative of a member	-
	Carina Sykes	_
	Typerl or printed name of signee	

Typed or printed name of signee