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(Requestor's Name)			
(Āddress)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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12/19/23--01013--021 \*\*25.00

## **COVER LETTER**

•	F	•	COVER LETTER	
TO:	Registration Sec Division of Corp			
CUDIEC	VADAZZL	E, LLC		
SUBJEC	T;	Name of Limi	ted Liability Company	<del></del>
The enclo	osed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		MaryAnn Probert		
			Name of Person	<u> </u>
		Sugar Lash Salon		
			Firm/Company	
		822 N Miramar Ave		
			Address	· <del></del>
		Indialantic, FL 32903		
			City/State and Zip Code	
		sugariashsalon@gmail.com	to be used for future annual report noti	fication)
For furth	er information co	oncerning this matter, please of		•
Grace J	Power <sup>-</sup>		303 919-5263	
	Name o	f Person		e Telephone Number
Enclosed	l is a check for th	ne following amount:		
<b>\$</b> 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number 1.16000029007	npany were filed on <u>02/10/2016</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
VADAZZLE, LLC		
The new name must be distinguishable and contain the words "Limited	d 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 ADDRE	<u></u>	
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 here:	office address on our records, <u>enter th</u>	
		- <b></b>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	da
<del></del>	City	da Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

Acomoclitic Laser and Wax Studio, LLC

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 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>	Name	Address	Type of Action
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			□Remove
			□Change
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			□Remove
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ctive date, if other than the effective date is listed, the date must If the date inserted in this blo	be specific and can	not be prior to d	ate of filing or mo	re than 90 days after	filing.) Pursuant to 60 date will not be liv	05.020 sted a
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ord specifies a delayed effective filed.	date, but not an	effective time,	at 12:01 a.m. o	n the earlier of: (b	) The 90th day aff	ter the
med.						
December 13	2	023				
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12/	Signature of a men					
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