

216000065104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

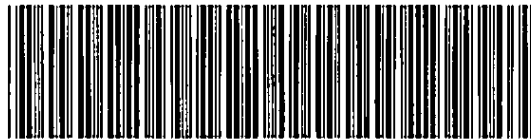
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400387039444

05/05/22--01015--017 **66.00

FILED

2022 MAY -5 PM 4:14

OFFICE OF STATE
CLERK, FLORIDA

C. BRUMBLEY

JUN 30 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A Black Butterfly, 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:

Steffany J Johnson

Name of Person

A Black Butterfly, LLC

Firm/Company

579 Worcester Court

Address

Jacksonville, FL 32218

City/State and Zip Code

amsat.shepsu@gmail.com

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

For further information concerning this matter, please call:

Steffany J Johnson 904 496-2093

Name of Person at ()
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input 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 checked="" 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

A Black Butterfly, 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 March 31, 2016 and assigned
Florida document number 1.16000065104.

This amendment is submitted to amend the following:

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

The Ancient Now, 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)

579 Worcester Court

Jacksonville, FL

32218

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

579 Worcester Court

Jacksonville, FL

32218

FILED
2022 MAY -5 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FL

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:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida

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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Faron Williams	579 Worcester Court	<input checked="" type="checkbox"/> Add
		Jacksonville, FL	<input type="checkbox"/> Remove
		32218	<input type="checkbox"/> Change
AMBR	Brune' Williams II	579 Worcester Court	<input checked="" type="checkbox"/> Add
		Jacksonville, FL	<input type="checkbox"/> Remove
		32218	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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 April 30, 2022

Signature of a member or authorized representative

Steffany J Johnson

Typed or printed name of signee

Filing Fee: \$25.00