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2016 OCT 24 P 2-10 SECRETARY OF STATE

> D. BRUCE OCT 25 2016

COVER LETTER

Division of Cor	rporations	
HOLLA BA	asket Girls LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspo	ondence concerning this matter to the following:	
	Denise Smegal	
	Name of Person	
	Holla Basket Girls	
	Firm/Company	
	220 Redfish Creek Drive	
	Address	
	St. Augustine, FL 32095	. •
	City/State and Zip Code	4. 2
	denise.smegal@comcast.net	
	E-mail address: (to be used for future annual report notification)	AREA CO
For further information of	concerning this matter, please call:	TALLAHASSE
Denise Smegal	504 669-8770 at (OCT 24 P
Name o	of Person Area Code Daytime Telephone	Number
Enclosed is a check for the	the following amount:	
\$25.00 Filing Fee	Certificate of Status Certified Copy (additional copy is enclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		-4

MAILING ADDRESS:

TO:

Registration Section

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 AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOLLA Basket Girls LLC			
(<u>Name of the Limited Lia</u> (A Flo	ility Company as it now appears on da Limited Liability Company)	our records.)	
he Articles of Organization for this Limited Liability	Company were filed on Septem	ber 22, 2016	and assigned
lorida document number L16000177787	·		
his amendment is submitted to amend the following			
a. If amending name, <u>enter the new name of the l</u>	mited liability company here:		
the new name must be distinguishable and contain the words "l	imited Liability Company," the design	ation "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable:			
<u>Principal office address MUST BE A STREET AD</u>	ORESS)		
Enter new mailing address, if applicable:		****	
Mailing address MAY BE A POST OFFICE BOX)			
	_ 		,
3. If amending the registered agent and/or re		r records, <u>enter t</u>	he name of the
egistered agent and/or the new registered office a	<u>ldress here</u> :	. ∑ ≎	23
		FC CR	
Name of New Registered Agent:		2 m	
New Registered Office Address:		SSE SSE	24
The Management of the Manageme	Enter Florida si		ט כ
		, Florida ≥	<i>₽</i>
	City	, Florida	Zin 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>	Type of Action
AMBR	Denise Smegal	220 Redfish Creek. St. Augustine, FL 33095	Add
			Remove
			Change
<u>. </u>			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
		SECRETARY OF	Remove
		- FLO	Remove Change
			
			🗆 Remove
			☐ Change

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ffective date, if other than the	date of filing:		(optional)	
fan effective date is listed, the date mus Note: If the date inserted in this bloom	t be specific and cannot be pr ock does not meet the app	ior to date of filing or more t licable statutory filing re	han 90 days after filing quirements, this date	.) Pursuant to 605.020 will not be listed as
locument's effective date on the De				~
e record specifies a delayed	l effective date, but	not an effective time	e, at 12:01 a	on the earlier o
The 90th day after the rec	ora is niea.		SS SA	2
October 20,	2016		.	ת ש
Dated Colour 20,		·	5 2	, O
1 6 //1/	/		22	t t

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00