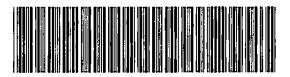
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COVER LETTER

	Registration Sec Division of Corp						
end ie	By Women	By Women Marketplace, LLC					
SUBJEC	T:						
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please re	turn all correspo	ndence concerning this matter	to the following:				
		Jennetfer Pulapaka					
			Name of Person				
		By Women Marketplace, I	.i.C				
			Firm/Company				
		844 N. Stone St., Ste. 208					
			Address				
		DeLand, FL 32720					
		jenneffer@jenneffer.com	City/State and Zip Code				
		E-mail address: (to be used for future annual report notifi	cation)			
For furth	er information o	oncerning this matter, please ca	all:	•			
Janaya S	Sabin		800 375-2453 at ()	£			
	Name o	f Person	Area Code Daytime	Telephone Number			
Enclosed	is a check for th	ne following amount:		3			
S 25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)			
	34 4 17	INC ADDRESS.	STREET/COURIE	ER ADDRESS:			

MAILING ADDRESS:

TO:

Registration Section Division of Corporations P.O. Box 6327, Tallahassee, FL 32314

STREET/COURIER ADD

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

By Women Marketplace, LLC		<u></u>
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 02/20/2017	and assigned
Florida document number L17000039572		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u>s</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	d office address on our records, here:	enter the name of the
Name of New Registered Agent:	<u> </u>	<u> </u>
New Registered Office Address:	Enter Florida street address	> 1
_ 	City , Flori	ida Zip Code
New Registered Agent's Signature, if changing Registered Ag	•	, <u>, , , , , , , , , , , , , , , , , , </u>

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>	Address	Type of Action
MGR	Jenneffer Pulapaka	844 N Stone St. #208	
		DeLand, FL 32720	Remove
			Change
AMBR	DeLand Foot and Leg Center, LLC	844 N. Stone St., Ste. 208	
		DeLand, FL 32720	Remove
			
			Change
			Add
			□ Remove
			Change
			Add ′
			Remove
			Change
			Remove
			Change
			Add
			Remove
			Change

f amending any other information, enter change(s) here: (Attach additional s	, , , , , , , , , , , , , , , , , , ,
	
	
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Effective date, if other than the date of filing: fan effective date is listed, the date must be specific and cannot be prior to date of filing or more th	(optional)
Note: If the date inserted in this block does not meet the applicable statutory filing req	uirements, this date will not be listed as
document's effective date on the Department of State's records.	= ()
to the second se	
ne record specifies a delayed effective date, but not an effective time, The 90th day after the record is filed.	, at 12.01 a.m. on the camer of
Date 100 20 , 2021	
Signature of a member or authorized representative of a r	member
/ i	
Laura Office Photography	
Jenneffer Pulapaka Typed or printed name of signee	

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Filing Fee: \$25.00