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## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: Malx	ayla's Beaded Jew Name of Lin	elry, LLC nited Liability Company	
		, , ,	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
,	Contina	C. Walls	, F2
	Cristifia	C. Hollis Name of Person	
	Artistic Exp	ressions by Hullis, Ll	FILLED DAY 3: 15
	9804 Carls	Address	PH 3: 15
		Address	SKIE TO
	Biverniew,	F.C. 33579 City/State and Zip Code	<b>→</b>
	E-mail address: (	to be used for future annual report not	tification)
For further information of	concerning this matter, please c	all:	
Cristing C.	Hollis	at ( <u>*/3</u> ) <u>76.2 –</u> Area Code Daytin	1764
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	is:	Street Address:	
Registration 5	Section	Registration Se	
Division of C P.O. Box 632	•	Division of Co The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Makayla's Beacled Jewelry (Name of the Limited Liability Compar (A Florida Limited L	LLZ	
(Name of the Limited Liability Compar (A Florida Limited L	iability Company)	records.)
The Articles of Organization for this Limited Liability Company	were filed on $\frac{2/2}{2}$	0/20/2 and assigned
Fliorida document number <u>L/7000039758</u>		
This amendment is submitted to amend the following:		
A If amending name, enter the new name of the limited liabi	lity company here:	
Artistic Expressions by Hollis LLC The new name must be distinguishable and contain the words "Limited Liabili		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation	
Enter new principal offices address, if applicable:		7020
(Principal office address MUST BE A STREET ADDRESS)		上
	<del></del>	23 1
		The second second
Enter new mailing address, if applicable:		720 W
(Mailing address MAY BE A POST OFFICE BOX)		<b>三</b> 5
		<u>.                                    </u>
B. If amending the registered agent and/or registered office a	ddress on our records	, enter the name of the new registere
segent and/or the new registered office address here:		
Name of Name Projectored Agents		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	et alderses
	Emer Florida siree	et data ess
		, Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
Thereby accept the appointment as registered agent and agree	ee to act in this capaci	ty. I further agree to comply with the
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my du provided for in Chapte	ties, and I am familiar with and references to the following the followi
accept the obligations of my position as registered agent as f	"Ovided for in Chapte	^ .1 .1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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
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ective date, if other than the date of filing: _				(opti	(lene		
effective date is listed, the date must be specific and can	inot be prior to	o date of filing	or more than 9	00 days after	filing.) Pu	irsuant 10	605.02
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cord specifies a delayed effective date, but not an	effective tim	ne at 12-01 :	om on the e	arlier of th	) The 9	Oth day	after th
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