L17000081368

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
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R. HUNT

COVER LETTER

| Division of Corporations | |
|---|--------|
| SUBJECT: Devices For excuses 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: | |
| Jasmine Singleton Name of Person | |
| Dences for excuses Firm/Company | ; • |
| Upaces for excuses Firm/Company 4321 SW 1344 Street Address | ; ; |
| West Park, Plurida 33023 City/State and Zip Code The bizness plug @ amail. com E-mail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please call: | |
| Jasmine Singleton at (754) 204 55 65 Name of Person at (754) Daytime Telephone Number | |
| Enclosed is a check for the following amount: | |
| S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed) | |
| Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations | |

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Dences for Excuses | LLC |
|---|---|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited L | n <u>y as it now appears on our records.</u>) hability Company) |
| The Articles of Organization for this Limited Liability Company | were filed on $\frac{4}{112017}$ and assigned. |
| Florida document number <u>L17000081368</u> . | |
| This amendment is submitted to amend the following: | 12 PA |
| A. If amending name, enter the new name of the limited liabi | ility company here: |
| Mama's Bifes LLC The new name must be distinguishable and contain the words "Limited Liabil | , o o |
| Enter new principal offices address, if applicable: | 847 NW 119th Street Suite 201 |
| (Principal office address MUST BE A STREET ADDRESS) | |
| | North Miami, F1 33168 |
| Enter new mailing address, if applicable: | 847 NW 119th street |
| (Mailing address MAY BE A POST OFFICE BOX) | Suite 201 |
| | North Miamy Pl 33168 |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: | ddress on our records, <u>enter the name of the new registered</u> |
| | |
| 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 agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my duties, and I am familiar with and rowided for in Chapter 605, F.S. Or, if this document is |

If Changing Registered Agent, Signature of New Registered Agent

|). If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) | |
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| . Effective date, if other than the date of filing: | |
| the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th cord is filed. | i day after the |
| Dated September 6 . 2022. Signature of a member or authorized representative of a member | |
| Jasmine Singleton Typed or printed name of signee | |

Filing Fee: \$25.00