Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000021044 3)))



H230000210443ABCQ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

_		
т	\sim	٠
	u	

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FILINGS, INC. Account Number : 072720000101 Phone : (954)791-2100 Fax Number : (954)583-4117

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please, **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN: RACHEL FALLAS DESIGNS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

JAN 23 2023 K. Brumbie)

inuary 19, 2023

FLORIDA DEPARTMENT OF STATE Division of Corporations

ACHEL FALLAS DESIGNS, LLC .01 NW 107 TERRACE ANTATION, FL 33322

IBJECT: RACHEL FALLAS DESIGNS, LLC

F: L17000131836

received your electronically transmitted document. However, the cument has not been filed. Please make the following corrections and fax the complete document, including the electronic filing cover sheet.

w name of company not legible.

you have any questions concerning the filing of your document, please 11 (850) 245-6051.

:1 Solomon

FAX Aud. #: H23000021044 mior Section Administrator Letter Number: 723A00001346

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RACHEL FALLAS DESIGNS, LLC

(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our rec ted Liability Company)	ords.)			
The Articles of Organization for this Limited Liability Comp Florida document number <u>L17000131836</u>	any were filed on June 16, 2017		and	d assig	ned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited l	iability company here:				
RACHEL ASH STUDIOS, LLC					
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "L	LC" or the ab	breviatio	n "L.L.C	C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)				
			_		
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, <u>ent</u>	er the nam	e of the	ncw r	<u>egistered</u>
Name of New Registered Agent)23	
	· · · · · · · · · · · · · · · · · · ·		· <u>·</u>	₹	≥
New Registered Office Address:	Enter Florida street add	eet address Florida Zip Code? Stry. I further agree to comply with the suries. and I am familiar with and er 605. F.S. Or, if this document is			
Name of New Registered Agent: New Registered Office Address: Enter Florida street address	892				
		Florida	Zin Co	<u></u>	—— [<u>-</u>
New Registered Agent's Signature, if changing Registered Age	•		:	_	
		c ,		N ,	
i hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent of being filed to merely reflect a change in the registered offi company has been notified in writing of this change.	ete performance of my duties. is provided for in Chapter 603	and I cm fo 5. F.S. Or	imiliar if this d	with a	und
			•		
	the state of the s	- 12 81			
n c	hunging Registered Agent, Signatur	e of New Reg	istered A	gent	

3000021044

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

Title	Name	Address	Type of Action
			□Add
			Remove
			□Change
		.	ŪAdd
		·····	□Remove
			□Add
			CChange
			□∧dd
		· · · · · · · · · · · · · · · · · · ·	□Remove
			□Change
			□∧dd
			🗆 Remove
			Change
			🗆 Aḍd
			DRemove
			🗆 Change

	<u> </u>					-		
_								
								•
						• •		·
			 -					
_								
		,	,			****		
		· · · · · · · · · · · · · · · · · · ·						
_	,	· · · · · ·						
								•
						. •		. .
		· · · · · · · · · · · · · · · · · ·					•	
	<u> </u>			·	<u> </u>			
						1		
							<u>-</u>	
						 		<u> </u>
<u>.</u>					,	•		
	٠٠			. ,	•			
					· .			
		_,,			•			
	•					•		
Tecti If:	date, if other than is we daw is listed, the date the date inserted in this is effective date on the	must be specific and s block does not a	i cannot be p	חבוז אוווא אווו	filing or more story filing re	tion 90 days after quirements, thi	onal) r filing) Pun is date will	uant to 605.01 not be listed
rd 6 iled.	pecifiès a delayed effec	ctive date, but not	un effectiv	re time, at 12	l:01 a.m. on t	ήο carlier of: (t	7) The 900	h day sfler ti
_	January 17	· · · · · · · · · · · · · · · · · · ·	2023					
	1	lan	al !	1/h		<u></u> .		
		Signature of a :	neither of §	Official rep	resentative of a	member		
	Rachel A. Fallas	•			•			

Filing Fee: \$25.00