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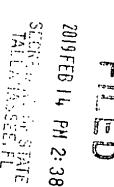
(Requestor's Name)	
(Address)	
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(Business Entity Name)	
(Document Number)	
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R. WHITE

## **COVER LETTER**

Schmitt777			
SURJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Bianca Schmitt		
	La Deja Vu Coffee Shop	Name of Person	<del></del>
	401 1st AVE North	Firm/Company	
	Saint Petersburg, Florida 3	Address 3701	
	bianca(47777@yahoo.com		
For further information of	encerning this matter, please co	to be used for future annual report not all:	meanon)
Bianca Schmitt		727 6562334	
Name (	of 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	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
MAIL	JNG ADDRESS:	STREET/COUR	ter address:

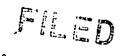
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

T():

Registration Section Division of Corporations

> STREET/COURTER ADDRESS Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Schmitt7777LLC (Name of the Limited Liability Company as it now appears on our record (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ and assigned Florida document number 1.17(00)22(1367 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: Bianca Schmitt Name of New Registered Agent: 7501 142nd Ave North 511 New Registered Office Address: Enter Florida street address Largo

## 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.

City

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>	Name	Address	Type of Action
MGR	Bianca Schmitt	7501 142nd AVE North 511	
			= Add
			□ Remove
			CI Kelikive
			Change
		<del></del>	
			Remove
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			□ Add
			☐ Remove
			Change
			D Add
<del></del>			
		☐ Remove	
			Change
			Remove
			Change

•	
Effec	tive date if other than the date of filings
Note:	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	February 7th 2019
	Signature of a niember of amhorized representative of a member
	Bianca Schmitt
	Typed or printed name of signee

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Filing Fee: \$25.00