L18000043430

(Re	questor's Name)	
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DA)	dress)	
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(City/State/Zip/Phone #)		
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COVER LETTER

Division of Cor			
SUBJECT:		Se Bactique LLC	: <u></u>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	hen	dia Cates Name of Person	
		Firm/Company	
	2723 Hings	sten Pridge 1)	
	Clem	City/State and Zip Code	.
	Hendra E-mail address:	Chy 88 Oxmail. (to be used for tuture annual report notel	ication)
For further information c	oncerning this matter, please c	all:	
Name o	a Crates	at (383) 233 Area Code Daytime	- T48 : Telephone Number
Enclosed is a check for the	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)

Mailing Address:

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

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Venda Elyse R (Name of the Limited Liability Comp.	any as it now appears on our records.)
(A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on $2/14/20/8$ and assigned
Florida document number <u>L18000043430</u> .	' /
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.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)	
Manning Many St. MAT BE AT OST OF THE BOX	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
	ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
If Char	noing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			☐ Change
		.	
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			OCHERONE TO CHARGE THE ASSET
			SSEE STATE
			□Change

D. If	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	while my business will still be selling clothings.	
	while my business will still he selling clothing, it is no longer limited to just clothing. The	
	name change indicates that my business will apparate more lithe an emporium and sell a diverse selection	
	more lithe an emporium and sell a diverse selection	
	of goods	
	Clothing, plumers, calender, digital products,	
	Clotning, plumers, calender, digital products, Jawelry, rats, acressories, Home clear, stationary,	
	sunalasses, etc	
		
E. Eff	ective date, if other than the date of filing:	
N_0	effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to	
acie	ument's effective date on the Department of State's records.	
	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: he 90th day after the record is filed.	
Dat	ed 9.26.24	
1741	Signature of a member or authorized representative of a member	स्वक् <u>या</u> स
	Signature of a member or authorized representative of a member	Alberta
	1/P(1/1/1 / T/1/P)	
	Typed or printed name of signee ???	
	THE O	

Page 3 of 3

Filing Fee: \$25.00