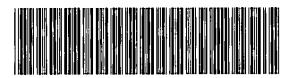
L18000046177

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Consideration to Filing Officer
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COVER LETTER

	Name of Lir	mited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sul	hmitted for filing	
		<u>-</u>	
Please return all corresp	ondence concerning this matter	r to the following:	
	-	Name of Person	
		Firm/Company	
			
		Address	
		City/State and Zip Code	
		to be used for future annual report noti	itication)
for further information of	concerning this matter, please c	all:	
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Name o	of Person	at (954) S2 Area Code Daytim	2 014 6 or Tolomboro Number
		, see code taly lill	e reseptione (value)
inclosed is a check for t	he following amount:		
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee.
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
			CETHICA CONC

Registration Section **Division of Corporations**

TO:

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.

SUZIE B'S SEWS (Name of the Limited Liability Compa (A Florida Limited)	unv as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 1800046177</u>	were filed on FEB 212018 and assigned
This amendment is submitted to amend the following:	•
A. If amending name, enter the new name of the limited liab SUZIE'S CRAFTS The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	LLC
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6336 OCEAN DR MARGATE FL 33063
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, <u>enter the name of the new register</u>

Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	CSS
_	,	lorida
	City	Zip Code

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.

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>	Name	Address	Type of Action
			□Remove
			□Change
			□Add
			□Remove
			□Change
-			□Add
			□Remove
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e record sp rd is filed.	pecifies a dela	iyed effective o	ate, but not a	m effective ti	me, at 12:01 a.	m. on the earli	er of: (b) The	e 90th day after t	he
Dated	<u>JUL</u>	9 08		202	1.	iva of a mint.			
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