

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Community)
0.45-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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FILED 2021 OCT -4 PM 3: 08 SEGRETARY OF STATE

0/10/21

## COVER LETTER

TO: Registration Se Division of Cor					
	GARBS BY KARISM	AALLC	•		
SUBJECT:	Name of Limi	ted Liability Company			
The enclosed Articles of .	Amendment and fee(s) are sub-	nitted for filing.			
Please return all correspo	ndence concerning this matter t	α the following:			
	ASHLEY L STALLWO	RTH		s <b>28</b>	
		Name of Person		2021 OCT -4 PM 3: 08 SEGRETARY OF STATE	
	Firm/Company				
	130 MENTONE ROAD Sign				
		Address		PATE PATE	
	BOYNTON BEACH, FL.				
	ash.stallworth@yahoo.com	City/State and Zip Code			
		to be used for future annual report not	ification)		
For further information c	oncerning this matter, please co	ill:			
ASHLEY L STALLWORTH		561 523-7259 at ()			
Name o	f Person	Area Code Daytir	ne Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifica Certified	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section Division of Corporations		Street Address: Registration S Division of Co	orporations		
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

GARBS BY KARISMALLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records. Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document numberL18000118690	were filed on 05/11/2018	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	s <b>2</b> 1
GARBS BY KARISMA, LLC		7.50
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation LLCT
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		3: 08
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
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 t</u>	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Liner I writer so cel datress	
	, Flor	rida
	City	Zip v. ode

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
			□Add
			□Remove
			□Change
•=			□Add
			□Remove
		SECTION SECTIO	Z2 Change
		≥≅	Change CTAdd
		ASSEE, FL	P_Remove ∴ Change
			□ Change
			□ Kemove
			□Change
			□Add
			□Remove
			Change
			🗆 Add
			Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) \_ (optional) E. Effective date, if other than the date of filing: \_ Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated SEPTEMBER 29 2021 figurating of a member or authorized representative of a member ASHLEY L STALLWORTH Typed or printed name of signee

Filing Fee: \$25.00