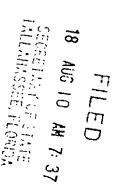
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Certified Copies	_ Certificates of	Status
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July 26, 2018

HEATHER LIGHT 318 WHETHERBINE WAY E, UNIT B TALLAHASSEE, FL 32301

SUBJECT: ARTS AND DRAFTS TALLAHASSEE LLC

Ref. Number: L18000150880

We have received your document for ARTS AND DRAFTS TALLAHASSEE LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is L17000166943.

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

Octavia L Simmons Regulatory Specialist III

(i)

Letter Number: 818A00015416

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Arts and Dratts Tallahassez Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Heather Light Name of Person
Arts and Dratts Tallahassee
318 Whetherbine Way East Unit B
City/State and Zip Code Neather ashley light @ gmail com E-mail address: (to be used for future annual report notification)
heather ashley light amail com E-mail address: (as be used for future annual report notification)
For further information concerning this matter, please call:
Heather Light at (850) 339-1011 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \$30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (certified Copy (additional copy is enclosed))

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Arts and Drafts	Tallahassee	LLC
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) oility Company)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L (8000150880</u> .	ere filed on June 19,2	and assigned
This amendment is submitted to amend the following:		Ma 400
A. If amending name, enter the new name of the limited liability The new name must be distinguishable and contain the words "Limited Liability	Crafts and Dr	e 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)		8 FILED
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on our records, ent	ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe	•	

If Changing Registered Agent, Signature of New Registered Agent

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 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
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ective date, is	f other than the state must	date of filing be specific an	ng:	or to date of filin	e or more than 90	(optiona	l) ig.) Pursuant to 605.02
te: If the date	inserted in this blo tive date on the De	ock does not i	meet the appl	icable statutory	y filing requirem	nents, this da	te will not be listed a
differit 3 Circe	iive date on the De	partificin of	State S recore				
record spec	cifies a delayed	effective -	date, but n	ot an effect	ive time, at	12:01 a.m	on the earlier of
he 90th day	y after the reco	ord is filed.					
ed July	1 19,0		, 2018	· •			
	•						
	And	Signature of a	member or an	horized represer	native of a memb	er	

Page 3 of 3

Filing Fee: \$25.00