118000 213746

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



U3/11/19--01U24--U3U ★+6U.UU



Office Use Only

COVER LETTER

Division of Corpo				
SUBJECT:		- Unbraided	Studio LLC	-
	Name of Lim	ited Liability Company		
	mendment and fee(s) are sub-	-		
·	Kimberli	Mitchell Name of Person		28
	12.11102,11	Name of Person		- 5
			•	2819 11:16 11 1
		Firm/Company		- ji
	120 NE.	192nd St.		T C
		Address	 ب	- 2
	Miam	City/State and Zip Code		
		lum @ g mail co to be used for future annual report notifi	CO:M	
For further information con	cerning this matter, please co	ıll:		
Kimberly 1	litchell_	at (786) L199 Area Code Daytimo	1-4283	_
Name of F	erson	Area Code Dayunk	: relegatione (vanities	
Enclosed is a check for the	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 For Certificate of Society Certified Copy tadditional copy is	Status &

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

Untraided Stud (Name of the Limited Liability Companion (A Florida Limited L.)	ny as it now appears on our records.) liability Company)
The Articles of Organization for this Limited Liability Company Florida document number LIOCO3746	were filed on 9770018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name most be distinguishable and contain the words "Limited Liabil	ity Company." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	120 N.E. 192nd St.
(Principal office address MUST BE A STREET ADDRESS)	Miami, F1 331792 15
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	120 N.E. 192nd St. 4 Miami, Fl 33179
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
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:

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>Address</u> **Type of Action** Title Name _□ Add _□ Remove _ Change DbA 🗖 ☐ Change 20 Add 11 □-Remove T □ Ghange 달 교Add □ Remove ___ Change □ Remove _ Change _□ Add □ Remove

_□ Change

		<u> </u>		
				<u>.</u>
				
				
				
				
		 		
			28	
			· : ::::::::::::::::::::::::::::::::::	1
			· · · · · · · · · · · · · · · · · · ·	
			7.7	<u> </u>
				
	<u> </u>		 _	_
Effective date, if other than the date of filing		(antional)	
Effective date, if other than the date of filing fran effective date is listed, the date must be specific and one of the speci	cannot be prior to date of fi cet the applicable statut	iling or more than 90 days ory filing requirements	after filing.) Pursuan , this date will not	t to 605.0207 be listed as
ne record specifies a delayed effective da The 90th day after the record is filed.	ite, but not an effe	ective time, at 12:0	01 a.m. on the	earlier of
Dated				
Kond Ch Signature of a m				
Signature of a m	ember or authorized repre	sentative of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00