

118 000 25 34 23

(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:

Office Use Only



500326811455

03/27/19--01009--001 **25.00

FILED
2019 MAR 27 PM 12:53

Albritton

APR 06 2019
ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bobble Booty Fresh LLC
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:

Alyssa Reardon

Name of Person

Bobble Booty Fresh

Firm/Company

2900 NE 7th Ave #2603

Address

Miami FL 33137

City/State and Zip Code

Alyssareardon12@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alyssa Reardon

Name of Person

at (714)

Area Code

906-4538

Daytime Telephone Number

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 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Bobbie Booty Fresh LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on October 29, 2018 and assigned Florida document number L18000253423.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

2900 NE 7th Ave

2603

Miami FL 33137

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2900 NE 7th Ave

2603

Miami FL 33137

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Alyssa Reardon

New Registered Office Address:

2900 NE 7th Ave #2603

Enter Florida street address

Miami

Florida

33137

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.

Alyssa Reardon

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>AR</u>	<u>Skye Gallagher</u>	<u>3400 Galt Ocean Drive</u>	<input type="checkbox"/> Add
		<u>72104 S Fort Lauderdale FL 33308</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Alyssa Reardon</u>	<u>2900 NE 7th Ave</u>	<input type="checkbox"/> Add
		<u>#2603</u>	<input type="checkbox"/> Remove
		<u>Miami FL 33137</u>	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If furnishing any other information, enter change(s) here. (Attach additional sheets, if necessary.)

F. Effective date, if other than the date of filing: _____ (optional)

(If an 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 (3)(b)

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 March 22nd, 2019

Steve Carter

Signature of a member or authorized representative of a member

Skye Gallagher

Typed or printed name of signee