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(Reque	estor's Name)	
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(City/S	itate/Zip/Phone	<del>;</del> #)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Nam	ne)
(Docui	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	

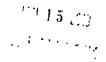
Office Use Only



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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: P	Chic Acc	ESSOVIES "LL ited Liability Company	<u>C''</u>
The enclosed Articles of z	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Shanika	Name of Person	
		Firm/Company	
	7229 Li	1mber Port Dr. Address	IVE.
	fuskin th	City/State and Zip Code    SCh	
	Shankagac E-mail address: (	I SCh (Seg rock) . Co to be used for future annual report notif	ication)
For further information co	ncerning this matter, please ca	all:	
Shanika Name of	Gadson Person	at ( <u>813</u> ) <u>753 - 2</u> Area Code Daytime	5548 : Telephone Number
Enclosed is a check for the	e 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)

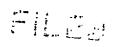
MAILING ADDRESS:

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



Be Chic Access	npany as it now appears on our r	2019 JAN -8 P 3: <b>2</b> 1
The Articles of Organization for this Limited Liability Compa Florida document number <u>Li80007.5941.7</u>	il 🚈	5-2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	<u> </u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BON)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	uddress
	City	, Florida
New Registered Agent's Signature, if changing Registered Age	•	27
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offi- company has been notified in writing of this change.	igree to act in this capacity. ete performance of my dutic as provided for in Chapter (	es, and I am familiar with and 605, F.S. Or, if this document is

If Changing Registered Agent. Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AP	Stan-Kan Goden	7279 Lumber Port Dr	Add
		Ruskin Fl 33673	□ Remove
			Change
AP	Kieria S. Hymes	7229 Lumber Port	□ Add
		D RISKIN FL 33573	_ ☑ Remove
		•	□ Change
			□ Add
			_□ Remove
			_□ Change
			_□ Add
			_□ Remove
			_□ Change
			_□ Add
			_□ Remove
			_□ Change
			_□ Add
			_□ Remove
			□ Change

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 w	
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document's effective date on the Department of State's records.	Pursuant to 605,0207 /ill not be listed as (
ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m. o The 90th day after the record is filed.	n the earlier of
Dated January January 2061.  Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00