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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:

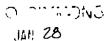




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COVER LETTER

	gistration Se vision of Cor				
SUBJECT:		OVELY THING LLC			
SOBJECT.		Name of Lim	ited Liability Company		
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retur	n all correspo	ndence concerning this matter	to the following:		
		PAUL FRANSON		Daytime Telephone Number 8	
		*	Name of Person		
		LEDGERPLUS			
Firm/Company					
150 SOUTH UNIVERSITY DRIVE, SUITE C					
			Address		
		PLANTATION, FLORIDA	A 33324		
		PFRANSON@LEDGERPL	City/State and Zip Code US.COM		
		E-mail address: (to be used for future annual report notifi	cation)	
For further	information c	oncerning this matter, please ca	all:		
PAUL FRA	NSON		954 472-9144 at ()		
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is	a check for th	ne following amount:			
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & 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

WILD & LOVELY THING 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 Con	npany were filed on JANI	UARY 07, 2019 and assigned
Florida document number L19000003301		100
	•	E. 2
This amendment is submitted to amend the following:		The second
A. If amending name, enter the new name of the limite	d liability company hero	e: Start of
WILD & LOVELY THINGS LLC		TO A
The new name must be distinguishable and contain the words "Limited	d Liability Company," the des	signation "LLC" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable:		7
(Principal office address MUST BE A STREET ADDRE		
Trincipal office address 51031 BE A STREET ADDRES	<u> </u>	
		
Francisco de la constitución de		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	· -	
B. If amending the registered agent and/or registered agent and/or the new registered office address		our records, enter the name of the ne
Name of New Registered Agent:		
	. <u></u>	
New Registered Office Address:	Enter Florid	la street address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered /	Agent:	
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and com accept the obligations of my position as registered age, being filed to merely reflect a change in the registered company has been notified in writing of this change.	uplete performance of m nt as provided for in Ch	ny duties, and I am familiar with and iapter 605, F.S. Or, if this document is
	If Changing Registered Ages	nt, 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Remove
			Change
			Property Services
			SSE Change
			Change
			☐ Adu
			☐ Change
			
			Remove
			☐ Change
			☐ Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			Change

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(If an e Note:	tive date, if other than the date of filing:	
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on to 90th day after the record is filed.	the earlier of
Dated	Share of a member or authorized representative of a member	
	(V) Shanoco Buiton	
′ /	Signature of a member or authorized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00