

	(Requestor's Na	ame)	
-	(Address)		·-
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	(City/State/Zip/F	Phone #)	
PICK-U		T	MAIL
	(Business Entit	y Name)	
	(Document Nur	nber)	
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COVER LETTER

FO: Registration Section Division of Corporations	
SUBJECT: Cole's Charming Creations LLC Name of Cimited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:	
Adrian Nicole Benton	
Cote's Charming Creations LL	<u>C</u>
10179 Sandyrock Lane Address	
Tallahassee, FL 32305 City/State and Zip Code	
Colescharming creations @ gmail. E-mail address: (to be used far future annual report notification)	<u>. CO</u> M
For further information concerning this matter, please call:	
Adrian N. Benton at (850) 450-1918 Name of Person Area Code Daytime Telephone is	
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy C (additional copy is enclosed)	60.00 Filing Fee, certificate of Status & certified Copy dditional copy is enclosed)

TO:

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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cole's Charming Creations LLC

(Same of the Limited 1	lorida Limited Liab	ility Company)	
The Articles of Organization for this Limited Liabi Florida document number <u>L1900006949</u>		re filed on January 4,2	019 and assigned
This amendment is submitted to amend the followi	ng:		
A. If amending name, enter the new name of the Cole's Charming Create. The new name must be distinguishable and contain the words.	ms 110		ne abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e: _	10179 Sandyrock Tallahassee, FL	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	- ! <u>X)</u> -	10179 Sandyrock Tallahassee, FL 3	Lane 3 2 305
B. If amending the registered agent and/or registered affice address h		dress on our records, enter the	name of the new registered
Name of New Registered Agent: New Registered Office Address:		Nicole Bonton and yrock Lane Enter Florida street address	
	T. 11-1-	-5.0.0	22211

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>Title</u>	Name	Address	Type of Action
Ambe	Adrian Nicole Benton	10179 Sandyrock Lane	_ CAdd
		Tallahassee, FL 32305	□Remove
			Change
udo	Angela Benton	5207 Cherry St.	🗆 Add
)	•	Panama CityFL 334	H Remove
			□Change
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an effective date is list ote: If the date inse	her than the date of filed, the date must be specificated in this block does date on the Department	le and cannot be prior to d not meet the applicable	ate of filing or more than 90 statutory filing requiren	(optional) days after filing.) Pursuant t nents, this date will not b	to 605.020 e listed as
ecord specifies a de is filed.	clayed effective date, bu	it not an effective time.	at 12:01 a.m. on the ear	ier of: (b) The 90th day	y after the
ated <u>Janyo</u>	\mathcal{O}	Adrian,	N Beth	<u>j</u>	
	Signature	e of a member or authorize	ed representative of a memb	er	