19000034205

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COVER LETTER

	tration Secti on of Corpo			
SUBJECT: _	Let's	Make It f	Pomantic, LLC ited Liability Company	
The enclosed A	articles of An	nendment and fee(s) are sub	mitted for filing.	
Please return al	I corresponde	ence concerning this matter	to the following:	
	•	_	•	
		latian	dra Williams Name of Person	
			Fimt/Company	
		4907 Gra	SSY Knoll Drive	
		Tavares,	FL 32778 City/State and Zip Code	 .
	,			
	-	E-mail address: (antic @ amail. com	ation)
For further info	rmation cond	erning this matter, please ca	ail:	
Tatio	andra	Williams	at (<u>305</u>) <u>51 9 - 60</u> Area Code Daytime T	155
	Name of Po	erson	Area Code Daytime T	elephone Number
Enclosed is a ch	heck for the f	ollowing amount:		,
□ \$25.00 Filin	ng 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 Tatiandra Williams (Owner & MGR)

Company: Let's Make It Romantic, LLC.
FL document # L19000034205

My Contact Telephone Cell 305-519-6955

my personal email tatiandia taylor Ogmail.com

* Return Address *

4907 Grassy Knoll Drive Tavares, FL 32778

Only adding Authorized user to license didn't understand when & did initial application. All other information is the same.

AMBR. Danien Williams

Thank you Dellian

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2019 MAR 18 PH 5: 34

Lets Make It	homan + i C L	ur records.) HE LASSEE. FL
The Articles of Organization for this Limited Liability C	Company were filed on \mathcal{L}	$01 \mid 2019$ and assigned
Florida document number <u> 1900034205</u>	_ _ -	
This amendment is submitted to amend the following:		
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." Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 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:		
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	les of Organization for this Limited Liability Company were filed on	
(Principal office address MUST BE A STREET ADDI	ion for this Limited Liability Company were filed on	
Enter new mailing address, if applicable:		our records, enter the name of the new
r new principal offices address, if applicable:		
·		
r new mailing address, if applicable: ling address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new tered agent and/or the new registered office address here: Name of New Registered Agent:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida sti	eet address
	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 = A	uthorized Member		
Title	<u>Name</u>	Address 4907 Grassy Knoll Drive	Type of Action
MGR	Tatiandra Williams	Tavares, FL 32778	D ∕Add
			Remove
			☐ Change
4MBR	Damien Williams	4907 Grassy Know Drive Tavares, FL 32778	✓ Add
			Remove
			Change
			
			☐ Remove
			Change
			Add
			□ Remove
			Change
			Add
			Remove
			□ Change
	·	 	Add
			Remove
			Change

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	-
Effective date, if other than the date of filing:	
ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied. The 90th day after the record is filed.	er of:
Dated March 8th 2019.	
Dati Williams	
Signature of a member or authorized representative of a member Tatiandra Williams	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00