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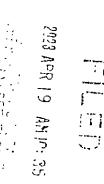
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	

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A. RIVERS
JUN - 4 2023

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TRENDY TREASURES RESALE 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:
JANET L. PLOTNER Name of Person
TRENDY TREASURES RESALE, LLC Firm/Company
104 Collège DR. Suite la
ORANGE PARK, FLORIDA 32065 City/State and Zip Code
TANET, PlotNER 62-B GMA; I. CoM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TANET PLOTNER at (904) 874-3597 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S60.00 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 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

RENDY TREASURES RO (Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)	-
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000133025</u> .		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
Rustic Cottage, LLC The new name must be distinguishable and contain the words "Limited Liability Contains the words "Linited Liability Contains the words "Liability Conta		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<i>N/A</i>	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the na</u>	ame of the new registered
Name of New Registered Agent:	N/A	200
New Registered Office Address:	Enter Florida street address Florida	2029 APP
New Registered Agent's Signature, if changing Registered Agent:	Florida	Zip Code
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete	ee to act in this capacity. I further	agree to comply with the

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>	<u>Name</u>	Address	Type of Action
	<u> </u>	MA	□Add
			□Remove
			Change
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record s		d effective date, b	out not an eff	ective time, at	12:01 a.m. on the o	earlier of: (b)	The 90th day after the
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