## 19000154547

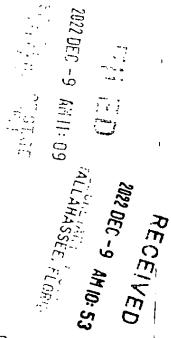
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
ed Copies Certificates of Status
Please fut note on Computer to do not file the amendment that was Mailed-Customer wants a Refund.

Office Use Only



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A. BUTLER
DEC - 9 2022

## **COVER LETTER**

TO: Registration Sec Division of Corp		,	
SUBJECT:	rce Dody L Name of Limite	oretique ed Liability Company	
	Amendment and fee(s) are submindence concerning this matter to		
riease return an correspor		\	fe
	Tierce B	Name of Person  Ody Doutique Virm/Company	
	17955 Ma	) G AVE Address	
	Menny Mercebooly	City/State and Zip Code bout Pue a 3p o be used for future annual report south	nail·com
For further information of Manage of Name of	oncerning this matter, please can white ferson	at ( <u>GFR</u> ) <u>FO</u> 2 Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<b>55</b> (1)		Street Address	

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

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**

(Name of the Limited Liability Comp.	Dout Que (20162 9 Aii 11: 10
(A Florida Limited	a transitiv Company)
The Articles of Organization for this Limited Liability Company	by were filed on $\frac{96-11-2019}{2019}$ and assigned
Florida document number <u>L 9000154847</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab  The rece Body Colom  The new name must be distinguishable and contain the words "Limited Liabi	111
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	17955 NW G AVE Miami, FL, 33169
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
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. Thereby 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
			□ Add
			Remove
			□Change
		<del></del>	□ Add
		<del></del>	□Remove
			□Add
			□Remove
			□Change
<u>_</u>			□Add
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		Change	
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		□Remove	
			□Change
	<del></del>		□Add
			□Remove
•			□Change

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an effective Note: If t	date, if other than the date of filing:
the record sp cord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	M. Wat
	Signature of a member or authorized representative of a member