L19000172806

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 2020 SEP 21 NH 6: 40

COVER LETTER

Division of Co			
Two Blond SUBJECT:	les, LLC		
SUBJECT.	Name of Lin	nited Liability Company	
The analoged Amiglian of	·		
The enclosed Afficies of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Bethany Burke		
		Name of Person	
		Firm/Company	
	1604 Citrus Orchard Way		
		Address	
	Valrico, FL 33594		
		City/State and Zip Code	
	twoblondesboutique@twob		
	E-mail address: (to be used for future annual report no	tification)
For further information of	concerning this matter, please c	all:	
Tonya Brock		813 541-0980 at ()	
Name o	rf Person	Area Code Daytii	me 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	-	Street Address:	oution
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of	
Tallahassee, I	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Two Blondes, LLC

(Name of the Limited Liabil (A Florid	lity Compa la Limited I	ny as it now appears Liability Company)	on our records.)	2020
The Articles of Organization for this Limited Liability (Florida document number L19000172806	Company 	were filed on $\frac{07/0}{}$	2/2019	200 SE assigned
This amendment is submitted to amend the following:				至 6:5
A. If amending name, enter the new name of the lin	nited liab	ility company her	<u>e</u> :	5
N/A				
The new name must be distinguishable and contain the words "Lir	mited Liabil	lity Company," the des	ignation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		503 South Wiggin	ıs Road	
		Plant City, FL 33:	566	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		503 South Wiggin	ıs Road	
		Plant City, FL 33:	566	
B. If amending the registered agent and/or registere agent and/or the new registered office address here: Name of New Registered Agent: Tony.	ed office a a Brock	address on our rec	cords, <u>enter th</u>	e name of the new register
503.5	South Wigg	rine Road		
New Registered Office Address: 503 S		<u> </u>	a street address	-
Plant	City			. 33566
Tan	- City	City	, Flori	da <u>33566</u>
New Registered Agent's Signature, if changing Registere	ed 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 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
MGR	Bethany Burke	224 South St. Cloud Ave, Valrico, FL 33594	□Add
			■Remove
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N/A			·		
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etive date if other t	han the date of filing:	09/17/2020		(optional	`
effective date is listed, the	date must be specific and ea	annot be prior to dat	te of filing or more th	an 90 days after filing	g.) Pursuant to 605.020
	in this block does not me on the Department of Sta	et the applicable : ite's records.	statutory filing requ	uirements, this date	e will not be listed a
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