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## **COVER LETTER**

FO: Registration Section Division of Corporations
SUBJECT: 502/5 One of a Kind II C 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:
Suzanne Hardie Name of Person
Syzie's One of a Kind LLC Firm/Company
3045 Pacetti Rd
St. Augustne FL 32092 City/State and Zip Code
May ti @ Reduxod tax and acco unting. Com  E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Martingred E.A. at (904) 536-0673  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee \& \Bigcup \$55.00 Filing Fee \& \Bigcup \$60.00 Filing Fee,  Certificate of Status \$\Bigcup \$\text{certified Copy} \\ (\text{additional copy is enclosed}) \\ Certified Copy \\ (\text{additional copy is enclosed}) \\ \Bigcup \$\Bigcup \$60.00 Filing Fee,  Certified Copy \\ (\text{additional copy is enclosed}) \\ \Bigcup \$\Bigcup

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Suzys One	e of a Kind LLC	
( <u>Nante of the Limited</u> ) (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	_ ` `	and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of the Suzies One of	<del> </del>	
The new name must be distinguishable and contain the word	Is "Limited Liability Company," the designation "LLC" or the abbro	eviation "L.L.C."
Enter new principal offices address, if applicabl	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		2013
(Mailing address MAY BE A POST OFFICE BO	<u></u>	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the address here:	e name of the nev
		, o
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
-	, Florida	Zip Code
	Cay	rap Caree

## 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 adde or removed from our records:

MGR = Manager

AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			🗆 Remove
			□ Change
		<del></del>	□ Add
			□ Remove
		Change	
			Add
		Remove	
			☐ Change
		□ Add	
		☐ Remove	
		<del></del> .	☐ Change
		☐ Remove	
			☐ Change
<del></del>			Add
		- <del></del>	☐ Remove
			□ Change

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>
Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  o) The 90th day after the record is filed.
Dated October 10. 2019.
Dated October 10, 2019.  Marday 2-10  Signature of a member or authorized representative of a member
Signature of a member or authorized representative of a member  Maydell L. Typed or printed name of signee

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Filing Fee: \$25.00