## 119000296168

(Re	equestor's Name)	
(Ad	ddress)	<u></u>
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

Division of Corpora	itions		
SURJECT: THE L	Varencuse - 1 Name of Limit	Resale Shop LL	<u></u>
The enclosed Articles of Amo	endment and fee(s) are subn	nitted for filing.	
Please return all corresponder	nce concerning this matter to	o the following:	
-	Leif F	Merson Baile Name of Person	
-		Firm/Company	
	70, - F		
-	1965 E	GCtOV COUV T	·····
-	Invenness	SFL 34453 City/State and Zip Code	<u> </u>
_	E-mail address: (to	vesale Shape eventil	-COYO
For further information conce	erning this matter, please ca	11:	
Leif Anders	n Bailey	at ( <u>352</u> ) <u>362 -</u> Area Code Daytime	(0854 Telephone Number
Enclosed is a check for the fo	ollowing amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Sec	tion	Street Address: Registration Sec	tion
Division of Corp		Division of Cor	porations
P.O. Box 6327		The Centre of T	ananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Unversure - Resule (Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000296168</u> This amendment is submitted to amend the following:	were filed on 12/4/2019	and assigned 3.28
A. If amending name, enter the new name of the limited liab  TSCICH BOILEY Floor The new name must be distinguishable and contain the word. "Limited Liabi	ility company here:	
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	1965 E Gotor (co Inverness F4 34	urt
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX)</u>		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the na	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	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 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>	Name	Address	Type of Action
AMBR	Isaian Baitey	7905 E Gotor Court	
	,	1905 E Galter Court Inverness FL 34453	□Remove
			□ Change
			🗀 Add
			□Remove
			□Change
			□Add
		□Remove	
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(If an effe <u>Note:</u>	the date, if other than the date of filing:
the record	specifies a delayed effective date, but not an effective time, at 12:04 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	8 5 2021
	Signature of a member or authorized representative of a member