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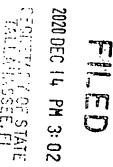
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COVER LETTER

TO:	Registration Se Division of Cor			-		
eun ie	Simple Coz	y Chaos LLC			٠	
SUBJEC	UI;	Name of Lim	nited Linbility Company	18.4		
		Amendment and fee(s) are sub	•			
Please re	eturn all correspo	ndence concerning this matter	to the following:			
		Megan Azevedo				
			Name of Person	·	_	
		Simple Cozy Chaos LLC				
			Firm/Company		_	
		2537 Wrightson Dr.		7.61 72.00 10.00 1	2020 DEC	
		Jacksonville, Fl. 32223	Address		11.0	
		azevedojoel@gmail.com	City/State and Zip Code	OF STAT	14 PM 3: 02	O
lose fueth	ur information of	E-mail address: (oncerning this matter, please of	to be used for future annual report notific	ration) (1)	2	
	Azevedo Name of	Person	904 219-2193 at (Telephone Numbe		_
	7.4		Area code Daytine	rereptione reutites	Ç.	
Enclosed	d is a check for th	e following amount:				
≘ \$25.	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of d Cop	Status &
	Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Street Address: Registration Section Division of Corporate Centre of Tale 2415 N. Monroe Tallahassee, FL 3	orations Hahassee Street, Suite l	810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Simple Cozy Chaos LLC	
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were to	filed on 12/24/2019 and assigned
florida document number L20000004407	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability co	ompany here:
The Untangled Home LLC	
he new name must be distinguishable and contain the words "Limited Liability Con	apany," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	202 71
Principal office address MUST BE A STREET ADDRESS)	三
	See P. F.
inter new mailing address, if applicable:	English a D
Mailing address MAY BE A POST OFFICE BOX)	FA O
3. If amending the registered agent and/or registered office addres	s on our records, enter the name of the new regist
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florid.
G	, Fiorida

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>	<u>Name</u>	Address	Type of Action
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fective date, if other than the n effective date is listed, the date must te: If the date inserted in this blocument's effective date on the De	t be specific and cannot be prior to ock does not meet the applical	o date of filing or mor ble statutory filing	(optional) e than 90 days after filing. requirements, this date) Pursuant to 605.02 will not be listed
ecord specifies a delayed effective is filed.	: date, but not an effective tim	ne. at 12:01 a.m. or	the earlier of: (b) Th	e 90th day after th
December 11	. 2020			
			_	