LAC 000039459

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
rejent-litte

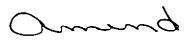
Office Use Only



200381020402

04/07/22--01002--026 **30.00





JUL 0 6 2022

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporation	ns		
SUBJECT: DQC ++	Name of Limi	Pervileged ited Liability Company	LLC
The enclosed Articles of Amenda	nent and fee(s) are subi	mitted for filing.	
Please return all correspondence of	concerning this matter t	to the following:	
	m)iche	Name of Person)
		Firm/Company	
	(1806 B	PRUCE B DOW	<u>05 #1113</u>
	TAMPA	City/State and Zip Code A Code (A)	ahoo. Comp
	E-mail address: (1	1 ely 2 0 y to be used for uture annual report notify	ahoo. Come
For further information concerning		J	ւ։ 30
Name of Person	dilcey	at (813) 240 Area Code) Daytime	Telephone Number
Enclosed is a check for the follow	ging amount:		
	0.00 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: Registration Section Division of Corporat P.O. Box 6327		Street Address: Registration Sec Division of Corp The Centre of Ta	porations
・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・		rue Centre Ol 13	arranassee

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810



April 20, 2022

MICHELLE HILERY 11806 BRUCE B DOWNS, #1113 TAMPA, FL 33612

SUBJECT: PRETTY N PRIVILEGED, LLC

Ref. Number: L20000039459

We have received your document for PRETTY N PRIVILEGED, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 822A00009193

www.sunbiz.org

Division of the DO DON Good William Divisions

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

METTY N Priv	MEGEU LLE E M
(<u>Name of the Limited Liability Co</u> (A Florida Limit	mpany as it new appears on our records.) ted Liability (Ompany)
The Articles of Organization for this Limited Liability Comparison document number $L20000394$	any were filed on May 25 / 2020 Signed;
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited l</u>	iability company here:
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	#11.
Principal office address MUST BE A STREET ADDRESS	TAMPA FL 33612
Enter new mailing address, if applicable:	<u>H</u> _(
(Mailing address MAY BE A POST OFFICE BOX)	11806 BRUCE B DOWNS
	TAMPA FL 33612
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, <u>enter the name of the new registerec</u>
Name of New Registered Agent:	Tichelle Hiltry
New Registered Office Address:	1806 BRUCE B DOWNS TI
	Enter Florida street address HTPA . Florida . Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:

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>	<u>Address</u>	Type of Action
MGR	michelle!	Hilery 11806 Bruce B TAMPA FL 33	DONG #111
		TAMPA FL 33	Pal 2 Remove
		 	Thange
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□ Remove
			Change
			🗆 Add
			Remove
			[]Change
			☐Add
			□Remove
			□ Change

1	J/A
_	
_	
_	
_	
_	
_	
_	
_	
_	
-	
_	
_	
If an effe Note:	re date, if other than the date of filing:
e record and is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated <u>~</u>	may 25 2022
	Signature of a member or amtwood representative of a member
	Michelle 4-vilezon

., .,