## L20000110620

| (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: |
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| }                                       |
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2022 HAY 27 AM II: 49
SEGNELARY OF STATE

## **COVER LETTER**

| SUBJECT: V                  | I.ME Gifte                                      | d Touch LLC   |   |
|-----------------------------|---|---|---|
|                             | Name of Limi                                    | ted Liability Company   |   |
|                             |   |   |   |
| The enclosed Articles of    | Amendment and fee(s) are sub-                   | mitted for filing.  |   |
| Please return all correspo  | ndence concerning this matter                   | to the following:   |   |
|                             |   |   |   |
|                             | <u>Chau</u>                                     | NEGY BAII   |   |
|                             | V.I. ME Gift                                    | ed Touch LLC 1 Firm/Company   | tair Salon  |
|                             | 5400 E. 1                                       | Busel Blud<br>Address   |   |
|                             | TAMPA FL  | City/State and Zip Code  2 DyAhoo-Com o be used for future annual report notifi |   |
|                             | Ibselfmad<br>E-mail address: (t                 | 6 2 Dyn hoo - com o be used for future annual report notifi                     | cation)   |
| For further information co  | oncerning this matter, please ca                |   |   |
| Chaunces<br>Name of         | BA/I Person                                     | at ( <u>913</u> ) <u>727- Area Code</u> Daytime                                 | 2 558 Telephone Number  |
| Enclosed is a check for the | e following amount:                             |   |   |
| □ \$25.00 Filing Fee        | ☐ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)             | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|                             |   |   |   |

**Registration Section** 

**Division of Corporations** 

TO:

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

FILED

| V. I. ME Gifted   | 1 Touch LLC 2022 MAY 27 AM 11:49  |
|---|---|
| (Name of the Limited Liability Compan<br>(A Florida Limited Li  | vas it now appears on our records.)  EUNE TARY OF STATE TALLAHASSEE, FL       |
| The Articles of Organization for this Limited Liability Company v<br>Florida document number $\angle 20000/10630$   | vere filed on $\frac{05/25/2022}{}$ and assigned                              |
| This amendment is submitted to amend the following:   |   |
| A. If amending name, enter the new name of the limited liabil   | ity company here:   |
| The new name must be distinguishable and contain the words "Limited Liabilit  | y Company," the designation "LLC" or the abbreviation "L.L.C."                |
| Enter new principal offices address, if applicable:   | 7415 US-301<br>BINGINIEW, FL 33578  |
| (Principal office address MUST BE A STREET ADDRESS)   | BINGINIEW, FL 33578   |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                                | 915 N. FRANKlin St. Unit 1908<br>TAMPA, FL 33602                              |
| B. If amending the registered agent and/or registered office acagent and/or the new registered office address here: | ldress on our records, enter the name of the new registered                   |
| Name of New Registered Agent: Chaun   | cay BAII  |
| New Registered Office Address: 9/5 N.   | CGY BALL FRANKLIN St., UNIT 1908 TAMPA, FL 33602 Enter Florida street address |
|   | City: . Florida 3360 J 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 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u>     | Name           | Address                                    | Type of Action |
|------------------|----------------|--|----------------|
| CEO              | WANDA MCCUllER | 1907 Thistle Court                         | □Add           |
|                  |                | 1907 Thistle Court Wesley Chapel, FL 33543 | 5√Remove       |
|                  |                | ·  | □Change        |
|                  |                |  | □ Add          |
|                  |                |  | □Remove        |
|                  |                |  | □ Change       |
|                  |                | ·  | 🗆 Add          |
|                  |                |  | □Remove        |
|                  |                |  | □Change        |
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|                  |                |  | □Remove        |
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| _ <del>_</del> . |                |  | □Add           |
|                  |                |  | □Remove        |
|                  |                |  | □Change        |
|                  |                |  | □Add           |
|                  |                |  | Remove         |
|                  |                |  | □ Changa       |

|                                | WANDA Mcculler was a stylist at my salor   |
|--------------------------------|--|
| -                              | V. I. Mi Gifted Touch. I Chauncey Ball is the founder  |
| _                              | And exerter of the business and name of the salon.   |
| -                              |  |
| -                              | When REGISTERING the business AS AN LLC I REGISTERED   |
| -                              | WANDA MCCUller AS A MANAGER Stylist AND I Chauncey BALL  |
|                                | AS A CEO/OWNER. WANDA MORUHER LET MY SALON   |
| -                              | V.I. Mr Gitted Touch to work else where, but you   |
| -                              | leaving my solon. The went on Sunbiz. Org and change   |
| -                              | the status of the Title making her the owner of my   |
|                                | business. So At this point I'm regisesting change to   |
| -                              | completly REMOVE WANTA MOUNTER FROM the LLC. AND   |
| -                              | Add me back as CEO/DUNER PET   |
|                                |  |
|                                |  |
|                                |  |
|                                |  |
|                                |  |
| 己 <b>. Effect</b><br>(If an ef | tive date, if other than the date of filing: (optional)  Tective 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 605.020 |
| <u>Note:</u><br>docun          | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed anneat's effective date on the Department of State's records.                |
|                                |  |
| If the reco<br>record is f     | rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th iled.   |
|                                | 15/25  |
| Dated                          | $\frac{05/25}{2022}$   |
|                                |  |