

L20 000113345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

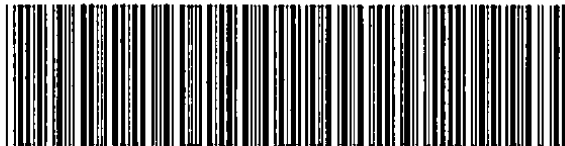
(Business Entity Name)

(Document Number)

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2023 NOV 10 AM 7:54
SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS

DEC 16 2020

COVER LETTER

Registration Section
Division of Corporations

SUBJECT: Suit yourself LLC
Name of Limited Liability Company

enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ilesia D. Boyles
Name of Person

Firm/Company

5255 NW 74th Terrace Lauderhill
Address

Lauderhill, FL 33319
City/State and Zip Code

Suit yourself.jqi@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ilesia Boyles at (786) 763-7442
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

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

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Suit yourself LLC 2023 NOV 10 AM 7:55

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

STATE

04/27/2020

Articles of Organization for this Limited Liability Company were filed on and assigned
Florida document number L26000113345

This amendment is submitted to amend the following:

If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

By 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

Depending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
removed from our records:

MR = Manager

MBR = Authorized Member

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<u>e</u>	<u>Name</u>	<u>Address</u>	2023 NOV 10 AM 7: 55	<u>Type of Action</u>
<u>MBR</u>	<u>Boyles, Ilesia D</u>	<u>5255 NW 74th Terrace</u>		<input type="checkbox"/> Add
		<u>Lauderhill, FL 33319</u>		<input type="checkbox"/> Remove
				<input checked="" type="checkbox"/> Change
<u>MBR</u>	<u>Brownlee, Jessica D</u>	<u>2860 NW 207th Street</u>		<input type="checkbox"/> Add
		<u>Miami Gardens, FL 33056</u>		<input type="checkbox"/> Remove
				<input checked="" type="checkbox"/> Change
<u>MBR</u>	<u>Sharp, Queen M</u>	<u>2332 NW 87th Street</u>		<input type="checkbox"/> Add
		<u>Miami, FL 33147</u>		<input type="checkbox"/> Remove
				<input checked="" type="checkbox"/> Change
				<input type="checkbox"/> Add
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				<input type="checkbox"/> Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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TALLAHASSEE, FL

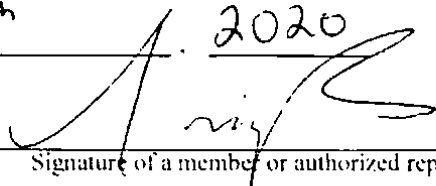
Effective date, if other than the date of filing: _____ (optional)

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)(b)

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.

If the record 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 record is filed.

Dated November 5th 2020



Signature of a member or authorized representative of a member

Ilesia D. Boyles

Typed or printed name of signee