LZ0000128014

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C. GOLDEN 0CT - 2 2020

COVER LETTER

Mailing Address:

TO:

Registration Section

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

lity Company as it now appears on our records.) da Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _______________________________and assigned Florida document number L20000128014 This amendment is submitted to amend the following: A. 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 "LLC." 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) B. 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 City 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 Man Tanner Labarge _____ □Add □Change Mgn. Saberna Liberattore 3300 PalmBeach Lorkes Blue ____ ElAdd ___ Change _____ □Remove

_ □Remove

____ DChange

D. If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	100% shareholder Sabrina Liberattore
	8/3/2020
(If an effective Note: If t	date, if other than the date of filing: (optional) we 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 M the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 's effective date on the Department of State's records.
If the record sprecord is filed. Dated	Decifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	Saberna Liberattore Typed or printed name of signee

Filing Fee: \$25.00