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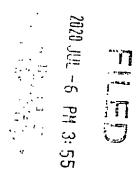
| (Re | questor's Name) | |
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| (Ad | dress) | |
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| PICK-UP | MAIT | MAIL |
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| Certified Copies | Certificates | s of Status |
| Special Instructions to F | Filing Officer: | |
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Office Use Only



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COVER LETTER

TO:

Registration Section

| Division of Corpo | orations | | |
|--|--|---|--|
| SUBJECT: | ruly Be D | ited Liability Company | |
| | mendment and fee(s) are sub | • | |
| Please return all correspond | lence concerning this matter | to the following: | |
| | Judit | h Iglesias Name of Person | |
| | Truly | Be Dazzled | ··· |
| | 3479 NI | E 163rd S- | treet # 1040 |
| | North M | Nam Beach City/State and Zip Code | ,FL. 33160 |
| | E-mail address: (i | COUZZIED (a) (a) (b) be used for future annual report-notifi | mail.com |
| For further information con | cerning this matter, please ca | all: | |
| Uudith Name of P | 1916SIQS | at (30S) 61U Area Code Daytime | -3409 Telephone Number |
| Enclosed is a check for the | following amount: | | |
| \$25.00 Filing Fee | ☐ \$30.00 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 Sec Division of Cor P.O. Box 6327 | | Street Address: Registration Sect Division of Corp The Centre of Ta | orations |
| Tallahassee, FL | 32314 | 2415 N. Monroe | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Truly Be Da | 221ed LLC |
|---|--|
| (<u>Name of the Limited Liability Compar</u> (A Florida Limited L | as it now appears on our records.) |
| The Articles of Organization for this Limited Liability Company of Florida document number <u>L 200 00 1 015</u> 3 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability | |
| The new name must be distinguishable and contain the words "Limited Liabili | ty 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) | PO Box 160197 HIALEAN FL 33016 |
| B. If amending the registered agent and/or registered office adgent and/or the new registered office address here: Name of New Registered Agent: Name of New Registered Agent: | Idress on our records, enter the name of the new registered Adith 1918SIAS NE 163rd Street # |
| New Registered Office Address: \(\square \text{3} \) | 479 NE 163rd ST #1040" Enter Florida street address |
| North 1 | Miami Beach Florida 33/60 |

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. Thereby 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|-----------------|-----------------|-----------------|
| MGR | Judith Iglesias | 3479 NE 11 | o3rd St |
| | ū | # 1040 NMB | FL 33/60 Remove |
| | | 3479 NE 163rd S | +1040 |
| AMBR | Judith Iglesias | North Miami Be | ach Flexadd |
| | | ····· | □Remove |
| | | | □Change |
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| an effecti f <u>ote:</u> If t | date, if other than the date of filing: |
| record sp is filed. | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| ated | · · · · · · · · · · · · · · · · · · · |
| | Signatury of a member or authorized representative of a member |
| | Typed or printed name of signee |