

L20000170669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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JANUARY 10 2020

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NOV 10 2020  
M. SOLOMON

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BELOVED THREADS LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

KATRINA D SUMMERS

Name of Person

BELOVED THREADS LLC

Firm/Company

5668 FISHHAWK CROSSING BLVD #315

Address

LITHIA, FL 33547

City/State and Zip Code

KATRINA@BELOVEDTHREADS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KATRINA D SUMMERS

at 239 826-7791

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

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DIVISION OF STATE  
CORPORATIONS  
OCT 14 2020

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

BELOVED THREADS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 06/19/2020 and assigned  
Florida document number L20000170669.

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 "L.L.C."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

6610 PARK STRAND DR

APOLLO BEACH, FL 33572

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

5668 FISHHAWK CROSSING BLVD #315

LITHIA, FL 33547

**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

Florida

City

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**

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CLERK OF CIRCUIT COURT  
JANICE H. BROWN, CLERK  
TALLAHASSEE, FLORIDA

**MGR = Manager**  
**AMBR = Authorized Member**

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☒ Change  
☐ Add  
☐ Remove

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**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.

Dated 9/12, 2020

ধন্যবাদ.

KATRINA D SUMMERS

Typed or printed name of signee