## LZ0000183948

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## **COVER LETTER**

Registration Section

TO:

Division of Co	orporations	•	•	
	OUR BATH LLC	•		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	oondence concerning this matter	to the following:		
	Charles G. Geitner, Esq.			
	Name of Person			
	Fisher Broyles LLP			
		Firm/Company		
	100 S. Ashley Dr., Suite 6	00		
		Address		
	Tampa, FL, 33602			
		City/State and Zip Code		
	charles.geitner@fisherbroyl			
	E-mail address: (	to be used for future annual report no	tification)	
For further information	concerning this matter, please c	all:		
Charles G. Geitner, Esc	<b>4</b> .	813 727-3187		
Name	of Person	Area Code Daytir	ne 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 Addr Registration		Street Address: Registration So		
P.O. Box 63			Division of Corporations The Centre of Tallahassee	
Tallahassee		2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOVE YOUR BATH LLC

18 7. 6:28

(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 June 30, 2020 \_\_\_\_ and assigned Florida document number L20000183948 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) 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

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

\_, Florida \_

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>	<u>Name</u>	Address 18 5: 28	Type of Action
MGR	CLOSS, LAWRENCE	12924 DUPONT CIR.	□Add
		TAMPA, FL 33626	= Remove
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ective date, if other than the da	e of filing:	(optional)
		(optional) ing or more than 90 days after filing.) Pursuant to 605.020 ry filing requirements, this date will not be listed as
cument's effective date on the Depar	ment of State's records.	Ty ming requirements, this date will not be listed as
and marifies a delegad effective de	z, but not an effective time, at 12:0	1 a.m. on the earlier of: (b) The 90th day after the
end specifies a delayed effective of		
s filed.		
September 10	2020	
September 10	2020	
s nico.	, 2020	
ed September 10	·	entative of a member

Filing Fee: \$25.00