## 120000203010

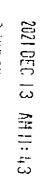
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400377846714

12/13/21--01029--003 \*\*30.00



Name Change

JAN 1 3 2022

D CUSHING

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Major Curves Plustique 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:	
Bianca Rich	
Firm/Company	<del></del>
P.O. Box 794	
Address	202
Hobe Sound, FL 3347	5 <u>11 13 15 15 15 15 15 15 15 15 15 15 15 15 15 </u>
City/State and Zip Code	
E-mail address: (to be used for future annual report n	otification)
For further information concerning this matter, please call:	otification)
Bianca Rich "(772, 486	2-9695
Name of Person Area Code Dayt	ime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Solution Status Solution Status Solution Solution Status Solution	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:  Registration Section  Registration S	ection

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Major Curves Plustia	Ul File
( <u>Name of the Limited Liability Comps</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L20002</u>	were filed on 7.14.2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabile the new name of the limited liabile the new name must be distinguishable and contain the world by the new name must be distinguishable and contain the world by the new name of the limited liabile.	to LLC
The new name must be distinguishable and contain the words "Limited Liabilite Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	H875 SE Arthur St.  Stuart, FL 34997
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX 794 Hobe Sound, PL 33475
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	City Zip Code
Your Danishan J. L. and Green Land	· Ap Caa

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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
		•	□ Change
<del></del>			Cladd
			□Remove
			☐ Change
			□Add
			□Remove
			Change
<del></del>			□Add
			□Remove
<del></del>			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

## Page 2 of 3

			<del>-</del>		· <u>-</u>					
	<del></del>				·			<del></del>		
			<del></del>	<del></del>		<del></del> .	<del></del> "			
				<del></del>	_		·			
		<del>-</del>			<u></u> -					
	_					-				
	<del></del>				<del></del>					
	<del>-</del>				<del></del> -				<del></del>	
	<del></del>					<del></del>	· <del></del>	<del>-</del>		
<del></del>	<del></del>	<del></del>				<u> </u>				
	<del></del>	<del></del>					<del></del>	<del></del> _		
<del>-</del> -			<del></del>		<del></del> .			·		
<del></del> _										
						<u></u>				
								<u>-</u>		
Note: If the o	ate is risted, th late inserted	than the date the date must be so in this block do on the Departi	pecific and loes not in	cannot be pare	rior to date o olicable stat	f filing or mor	e than 90 day; requirement		Pursuant to 605.0 ill not be fisted	207 ( l as ti
e record s The 90th	pecifies a day after	delayed effo the record i	ective d s filed.	ate, but	not an ef	fective tin	ne, at 12:	01 a.m. oı	the earlier	of:
Descared Des	iem De	r 10		<u>209</u>	<u>l</u> .					
			سير	<del></del>						
		Signa	ture of a f	ienber or a	athorized ren	resentative of	a member	<del></del>		

Page 3 of 3

Filing Fee: \$25.00