## L20 000 205987

(Requ	estor's Name)	
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PICK-UP	WAIT	MAIL
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(Docu	ment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fili	ng Officer:	

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## **COVER LETTER**

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	Clean Stitcl	•		
SUBJEC'	I:	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please reti	urn all correspo	indence concerning this matter	to the following:	
		Taylor Knoflick		
			Name of Person	
		Clean Stitch Concepts		
			Firm/Company	
		4135 Murdock Ave		
			Address	
		Sarasota, FL 34231		
			City/State and Zip Code	
		cleanstitchconcepts@gmail.	com	
		E-mail address: (	to be used for future annual report not	ification)
or furthe	r information c	oncerning this matter, please ea	all:	
Taylor Kr	oflick		941 806-7524 at ( )	
	Name o	f Person	<del></del>	ne Telephone Number
nclosed i	is a check for th	ne following amount:		
<b>■</b> \$25.04	0 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)
	lailing Addres		Street Address:	
Registration Section Division of Corporations		Registration Se		
	2.O. Box 632		Division of Co The Centre of	•
	Tallahassee, F			be Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Clean Stitch Concepts	U hear	-8 Pi! 2: 27
( <u>Name of the Limited Liability C</u> (A Florida Lir	วถาก กา Company as it now appears on our mited Liability Company)	records.)
The Articles of Organization for this Limited Liability Com		
Florida document number L2000205987		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u></u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
l. If amending the registered agent and/or registered of gent and/or the new registered office address here:	fice address on our records,	enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	t address
	City	Zip Code
w Registered Agent's Signature, if changing Registered Agent's Signature, if changing Registered Agent's Agent's Signature, if changing Registered Reg	gent:	
nereby accept the appointment as registered agent and ovisions of all statutes relative to the proper and compare the obligations of my position as registered agent ing filed to merely reflect a change in the registered of mpany has been notified in writing of this change.	plete performance of my dut t as provided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Brittany Jordan	4135 Murdock ave, Sarasota, FL 34231	<b>=</b> Add
			Remove
			□ Change
			□Add
			□Remove
			🗆 Change
			□Add
			□Remove
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Effective date, if other than the date of filing:  ((If an effective date is listed, the date must be specific and camput be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after thord is filed.  Dated  September 18  2020  Signature of a member or authorized representative of a member						
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