120000231951

(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



000411665960

07/10/23--01016--007 **30.00

PILED 1023 JUL 10 PM 2: 28

Y. SCOTT AUG 14 2023

COVER LETTER

Division of Corp		•	e e e e e e e e e e e e e e e e e e e					
SUBJECT:CUT	eandounvyile							
-	Name of Lim	ited Liability Company	· · · · · · ·					
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.						
Please return all correspor	ndence concerning this matter	to the following:						
	Raevor	dolyn Hill Name of Person						
	<u> </u>	Curvy 1 C		3 3				
		Fillyside Trail	BECRETARY OF STATE					
		ville, Fl_32244	ASSEE					
		City/State and Zip Code Coty/State and Zip Code to be used for future annual report notified.	고 iteation)	? ? 3				
For further information co	oncerning this matter, please co	all:						
Raeyondoly Name of	n Hill Person	at (<u>404</u>) 240 Area Code Daytime	-50 G G e Telephone Number	_				
Enclosed is a check for th	e following amount:							
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of S Certified Copy	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
<u>Mailing Address</u> Registration S		Street Address: Registration Sec	ction					
Division of Co		Division of Cor						
P.O. Box 632	•	The Centre of T	allahassee					

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CUTE AND CURVY LL					
(Name of the Limited Liability Compan (A Florida Limited L	y as it now appears or ability Company)	our records.)			
The Articles of Organization for this Limited Liability Company of Florida document number <u>L 20000231951</u> .	were filed on	03 20 20 and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabil	lity company here:				
Shelvaspurpose UC The new name must be distinguishable and contain the words "Limited Liability Contains the words "Liability Contain	ty Company," the desig	nation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)		© 2			
Enter new mailing address, if applicable:		TALLARA			
(Mailing address MAY BE A POST OFFICE BOX)		PH 2: 2			
B. If amending the registered agent and/or registered office as agent and/or the new registered office address here:	ddress on our reco	m co			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	- Circ	, Florida Zip Code			
New Registered Agent's Signature, if changing Registered Agent:	City	z.ip Соле			
I hereby accept the appointment as registered agent and agre	on to cost in this core	acity. I finithar amea to comply with the			
provisions of all statutes relative to the proper and complete p					

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□ Add
			□Remove
			Z023 JUL 1
			□Add
			PM 2: 28 Change
			Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove

-	<u> </u>									
						· · · · · · · · · · · · · · · · · · ·				_
										_
	······································	·								
		_								
			·							_
	· "									
							<u>C/5</u>	~		
							\$50	2023	(in.	
							E 1/4 LAF	Ę	il.	
							ASK.	0		
							S 23.5 S 23.5 S 20.5			—
							- 73	2:		_
							11	∞		
				·						_
ective date, if	other than the listed, the date mus	date of filing	g:	w prior to de	to of filing or	more than 9	(optio	nal) Gling M	Purcuant to t	605 D2L
te: If the date	inserted in this blo	ock does not r	meet the	applicable						
ument's effect	ive date on the De	partment of a	state's re	coras.						
cord specifies a	a delayed effective	e date, but not	t an effec	ctive time,	at 12:01 a.n	n. on the ea	rlier of: (b)	The	90th day a	fter the
s filed.										
Ju	ly ob Raeur Rae		20) マ						
ea <u>O w</u>	0	^ /		1 .						
	W	(l.l.).		itul,						