L20000246275

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COVER LETTER

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P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Se Division of Co					
Secrets Soc	riety FL LLC				
SUBJECT:		ited Liability Company	<u> </u>		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	James Callahan				
		Name of Person			
	Secrets Society FL LLC				
		Firm/Company	<u> </u>		
	12151 Cypress Landing Av	ve			
		Address			
	Clermont, FL 34711				
		City/State and Zip Code			
	info@secretstl.com E-mail address: (to be used for future annual re	port notification)		
For further information of	concerning this matter, please c				
Sherry Lambson-Eiscle		407 309-4	4760		
Name o	of Person	Area Code	Daytime Telephone Number		
Enclosed is a check for t	he 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) 		
<u>Mailing Addre</u> Registration	Section		ion Section		
Division of C	Corporations	Division	Division of Corporations		

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Secrets Society FL LLC (<u>Name of the Limited Liability Company as it now appea</u> (A Florida Limited Liability Company)	/12/2020 and assig	med
	/12/2020 and assig	med
The Articles of Organization for this Limited Liability Company were filed on <u>8/</u> Florida document number <u>L20000246275</u>		gnea
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company h	<u>here</u> :	
The new name must be distinguishable and contain the words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.	. <u></u>
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 agent and/or the new registered office address here:	records, <u>enter the name of the new</u>	registered
Name of New Registered Agent:		
New Registered Office Address:		
Enter Flo	lorida street address	
	, Florida Zip Code	 _

New Registered Agent's Signature, if changing Registered Agent:

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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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being adden or removed from our records:

MGR = Manager AMBR = Authorized Member

· . . - F 4:13 Type of Action Address <u>Title</u> Name □Add Mahadeo, Rovin K 1918 Chathamoor Dr. MGR _____ 🖸 Add Orlando, FL 32835 ERemove _____ Change Flores Mazariegos, Jose 202 Elgin Blvd MGR _____ 🖂 🖾 🖾 🖾 _____ Davenport, FL 33897 ≣Remove _____ 🖸 Add _____ 🗆 Add _____ 🗌 Remove _____ □ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If 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 the record is filed.

October 29	2020	
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	Signature of a member or authorized representative of a memb	er
James Callahan		
	Typed or printed name of signee	·

Filing Fee: \$75.00