## Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number

(((H24000243508 3)))

(shown below) on the top and bottom of all pages of the document.



H240002435083ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190 Phone : (844)449-3624 Fax Number : (512)597-0678

					_								-		ř
**Ent	er	the	emaıl	address	tor	this	pusin	ess	entity	to	be	used	tor	-tutu	re-
	ani	nual	report	mailin	as.	Enter	onlv	one	email	add	res:	s ple	ase.	墨雀	(
			- 1		<b>J</b> -		•					•			ř

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE ROOKERY CANDLES LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

JUL 2 3 2024

## **COVER LETTER**

H24000243508 3

	egistration se ivision of Cor						
CHD HECT	The Rooker						
SUBJECT	·	Name of Lim	ited Liability Company				
The enclose	ed Articles of .	Amendment and fee(s) are sub	mitted for filing.				
Please retur	rn all correspo	ndence concerning this matter	to the following:				
		Diego Cruz					
			Name of Person		_		
		ZenBusiness INC					
			Firm/Company	· · <del>-</del>			
		336 E. College Ave Suite	301				
			Address			2021	
		Tallahassee, FL 32301				2024 JUL 23	*****
		fulfillment@zenbusiness.co	City/State and Zip Code				
		-	to be used for future annual report notifi	cation)	: : <del>:::</del> :::::::::::::::::::::::::::::::	P¥ 2	
For further	information co	oncerning this matter, please c	all:		71.55 17.55 17.55 17.55	2: 51,	
c/o ZenBu	isiness INC		844 493-6249 at ()				
	Name of	f Person	Area Code Daytime	Telephone Number	er		
Enclosed is	a check for th	ne following amount:					
■ \$25.00 Filing Fee  □ \$30.00 Filing Fee & Certificate of Status			☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Star	us &	
Re D P.	ailing Addres egistration S ivision of C O. Box 632 allahassee, I	Section orporations 7	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee Street, Suite	810		

H24000243508 3

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Rookery Candles LLC		24 PB
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I.	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L20000247373	were filed on 2020-08-13	and assigned 7
This amendment is submitted to amend the following:		7 5
A. If amending name, enter the new name of the limited liab	ility company here:	1
Lady Blackbird Tattoos LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5317 Linder Pl New Port Richey, Fl	_ 34652
(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 a agent and/or the new registered office address here:  Name of New Registered Agent:	9322 Alvernon Drive New Port Rick address on our records, enter the	
		· <del>- 11</del>
New Registered Office Address:	Enter Florida street address	<u> </u>
·	, Florida	ı
	Cny	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I oprovided for in Chapter 605, F.S.	am familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

H24000243508 3 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
			☐Change
			□Add
			□Remove
			□Change
			□Add
		-100	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

	<del></del>			
	<del></del>		<del></del>	
		_ <del>_</del>		<del></del>
	<del> </del>			
		<del></del>		
Tective date, if other than the in effective date is listed, the date must ote: If the date inserted in this bloomment's effective date on the De	be specific and cannot be prior ock does not meet the applic	able statutory filing requ	(optional) n 90 days after filing.) Pursuan irements, this date will not	nt to 605.020 be listed as
ecord specifies a delayed effective is filed.	: date, but not an effective ti	me, at 12:01 a.m. on the	earlier of: (b) The 90th d	ay after the
	2024			
7/17 ted	·	<u> </u>		
/s/ Rook Lyonnesse				

Filing Fee: \$25.00