## L20000351012

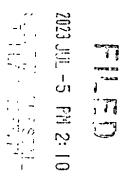
(Requestor's Name)
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Y. SCOTT



June 17, 2023

PATTI D. PIJUT 293 WILLIE ROAD MONTICELLO, FL 32344

SUBJECT: CURE SCRUBS,LLC Ref. Number: L20000251012

We have received your document for CURE SCRUBS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6053.

1.

Yvette Scott Supervisor

Letter Number: 623A00013732

JUL -> 2023

## December 31, 2021

This document is to make legal notification to the Cure Scrubs LLC partners, Patti D. Pijut and Alexandra M. Pijut, that it has been mutually agreed upon that this entity has been liquidated as of this date as a partnership. It has been decided that Cure Scrubs LLC will continue as a sole proprietorship under Patti D. Pijut.

The LLC document No is: L20000251012.

The registered Agent is Patti Pijut. PAH, D. Pijut

A FASHION COMPANY

Address of co: 293 Willie Road

Monticello, FL 32344

Signed and Agreed upon December 31, 2021

Patti D. Pijut

Alexandra M. Pijut

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-Posti 10. Popet

## **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT:(' LLR	E SCRUBSLLC Name of Lim	ited Liability Company		
	mendment and fee(s) are sub-			
Please return all correspon	dence concerning this matter	to the following:		
	PA+ti D.P			
	CURÉ SRUBS	Firm/Company		
	293 Willie	Ruad Address		1 F F F F F F F F F F F F F F F F F F F
	MUNTICETTU. Papijute	City/State and Zip Code  Concast, net to be used for future annual report notif	Control (II)	JUI -5 PH 2: 11
For further information co	E-mail address: (		ication)	_
PA + + , D. P.	est Person	at (850) 566 Area Code Daytime	4834 c Telephone Number	
Enclosed is a check for the	e following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Certificate of Certified Copy (additional copy)	f Status & py
Mailing Address Registration Solution of Colors P.O. Box 6327 Tallahassee, F	ection orporations	Street Address: Registration Secon Division of Cor The Centre of T 2415 N. Monroe	porations	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF** 1. 2 to 12.

CUKE SERUBS (Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)
	nility Company were filed on <u>August 17, 2020</u> and assigned
Florida document number <u>L20000251</u>	<u>012.</u>
This amendment is submitted to amend the follow	ring:
A. If amending name, enter the new name of the	he limited liability company here: (a space added after the comma after the word scrubs)
The new parts must be distinguishable and contain the work	Scrubs) ds "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicat	
(Principal office address MUST BE A STREET	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	
B. If amending the registered agent and/or regagent and/or the new registered office address	sistered office address on our records, <u>enter the name of the new registered</u> here:
Name of New Registered Agent:	PATTI D. Pijat
New Registered Office Address:	293 Willie Rolled Enter Florida street address
	Munticello, FL, Florida 33344  City Zip Code
New Registered Agent's Signature, if changing Re	gistered 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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		monticello, FL 32344	□Remove
			Change
MGR	Alexundram.P. jut	monticello, Et 32344	🗆 Add
		monticello, EL 32344	Remove
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