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(Re	questor's Name)	<u></u>
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	y/State/Zip/Phone	- #)
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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TO ARUCE

COVER LETTER

TO:	Registration Se Division of Cor					
CID II	ONLY WIT	HIN LLC				
SUBJI	ECI:	Name of Lin	nited Liability Company		-	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		MICHELE CODNER				
	Name of Person					
		ONLY WITHIN, LLC				
			Firm/Company			
		2157 SW 175TH AVE				
			Address			
		MIRAMAR, FL 33029				
		MCODNER80@GMAIL.C	City/State and Zip Code		_	
		E-mail address: (to be used for future annual o	eport notification)	•	
For fur	ther information co	oncerning this matter, please c	all:		20	
MICH.	ELE CODNER		954 446- at ()	-5300	2021 SEP	- , pre
	Name of	Person	Area Code	Daytime Telephone Numb	ær	وسوار وسامه د
Enclos	ed is a check for th	e following amount:			79	
≣ \$ 2.	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certific osed) Certific	Filing Fee, cate of Status & ed Copy is enclosed)	

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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

AKTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ONLY WITHIN, LC			
(Name of the Lim	ited Liability Co (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited	Liability Comp	any were filed on	and assigned
Florida document number L20000257356			
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited l	lability company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited L	iability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRESS	2	
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or	registered offi	ce address on our records, enter the na	ome of the new registers
agent and/or the new registered office addr		ee address on our records, enter the ne	202
			2 2 may
Name of New Registered Agent:	N/A		
New Registered Office Address:			-
		Enter Florida street address	TO 10
		, Florida	717

New Registered Agent's Signature, if changing Registered 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.

City

Zip Code.

or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	MICHELE CODNER	2157 SW 175TH AVE	≣ Add
		MIRMAR, FL 33029	□ Remove
			□Change
AMBR	NILE CODNER	2157 SW 175TH AVE	□ Add
		MIRMAR, FL 33029	□ Rетюче
			□Remove
			Change
			20 Add 22 p
			Remove
			Change
			□Add
			□Change
			□ Add
		-	□ Remove
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