LZ0 000270193

(Requestor's Name)
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(Business Entity Name)
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NOV 05 2020 S. YOUNG

2020 SEP 29 PH 3: 59

COVER LETTER

5 Dollar B	ling Boss LLC		
SUBJECT:	Name of Lir	mited Liability Company	
he enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
lease return all corresp	ondence concerning this matter	r to the following:	
	Cheryl Conway		
		Name of Person	
	5 Dollar Bling Boss LLC		
		Firm/Company	
	8210 State Road 52		
		Address	
	Hudson, Florida 34667		
	chand@5dollarhlinghoss a	City/State and Zip Code	·
	cheryl@5dollarblingboss.co	om to be used for future annual report notif	ication)
or further information of	concerning this matter, please c	-	,
heryl Conway		727 597-3087	
Name o	f Person		Telephone Number
nclosed 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 enclose

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

20 (10:00

5 Dollar Bling Boss LLC		<u> </u>
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	SA SA
The Articles of Organization for this Limited Liabilit	y Company were filed on Sept 18, 2020	20 Pand assigned T
This amendment is submitted to amend the following	;	59
A. If amending name, enter the new name of the	imited liability company here:	
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe agent and/or the new registered office address her	· · · · · · · · · · · · · · · · · · ·	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
-	, Florid	a Zip Code

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.

If Changing Registered Agent, Signature of New Registered Agent

If argending 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>	Name	Address	Type of Action
	Gerald Conway	8210 State Road 52	□Add
		Hudson,Florida 34667	■Remove
			□Change
	Randy Jones	8210 State Road 52	
		Hudson, Florida 34667	_
			□Change
		 	□Add
			□Remove
			□Change
	· ·········		□Add
			□Remove
			□ Change
			□Add
			□Remove
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			□Remove
			□ Change

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on effective date is listed, ote: If the date inserte		and cannot be prior to t meet the applica			o nal) filing.) Pursuant to 605.020 date will not be listed a
	ed effective date, but n	ot an effective tir	ne, at 12:01 a.m. on	the earlier of: (b	The 90th day after th
ecord specifies a delay is filed.					