

120 000304893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

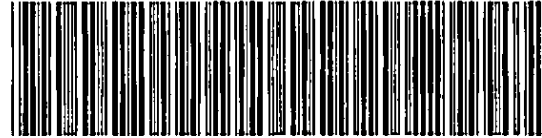
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 MAR 17 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FL

D. BRUCE
MAR 17 2022



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 3, 2022

SIDRID RIVERA
14422 NORTH ROYAL COVE CIRCLE
DAVIE, FL 33325

SUBJECT: SIDRID'S FABULOUS BLING, LLC
Ref. Number: L20000304893

We have received your document for SIDRID'S FABULOUS BLING, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6842.

Deborah Bruce
Corporate Records Supervisor II

Letter Number: 422A00005265

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TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sidrid's Fabulous Bling, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sidrid Y. Rivera

Name of Person

Sidrid's Fabulous Bling, LLC

Firm/Company

14422 North Royal Cove Circle

Address

Davie, FL 33325

City/State and Zip Code

Sidridsfabulousboutique@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ricardo A. Rivera

Name of Person

at (954) 682-3557

Area Code

Daytime Telephone Number

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TALLAHASSEE, FL

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Enclosed is a check for the 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)

→ 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**

Sidrid's Fabulous Bling, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 9/28/2020 and assigned Florida document number L20000304893.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Sidrid's Fabulous Boutique, LLC

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 ADDRESS)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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TALLAHASSEE, FL

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

N/A

Enter Florida street address

N/A

City

, Florida

N/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 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>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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TALLAHASSEE, FL
2022 MAR 7 AM 11:28
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2022 MAR
SECRET
TALLA

3/1/2022


2022 MAR 17 AM 8:28
SECRETARY OF STATE
TALLAHASSEE, FL
) Pursuant to 18 USC 2201, this document is not to be released to the public.

02070

Dated

3/10/2022

2022


Signature of a member or authorized representative of _____

Sidrid V. Rivera

Sidrid Y. Rivera
Typed or printed name of signee