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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

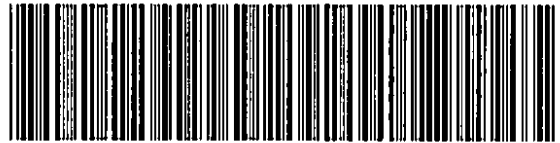
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FILED
2021 MAR 17 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FL

4/19/21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 4, 2021

OURHYPNOTIST LLC
5315 LEXINGTON DRIVE
PARRISH, FL 34219

SUBJECT: OURHYPNOTIST LLC
Ref. Number: L21000009234

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

You must submit all pages for filing. Page 1 of 3 is missing. All pages must be returned in order to file the document

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) 245-6050.

Querida R Moore
Regulatory Specialist II

Letter Number: 321A00004695

2021 MAR 17 PM 5:33

RECEIVED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ourhypnotist 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:

Aniko Roche

Name of Person

Ourhypnotist LLC

Firm/Company

5315 Lexington Drive Parrish, FL 34211

Address

Parrish, FL 34219

City/State and Zip Code

barnaroche@gmail.com

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

For further information concerning this matter, please call:

Aniko Barna-Roche

Name of Person

at (941) 256 6212

Area Code

Daytime Telephone Number

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)

Amendment Section

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**

FILED

2021 MAR 17 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FL

Curhypnotist 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 12/30/20 and assigned
Florida document number LL000009234.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited 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 ADDRESS)

7901 4th Street N. Ste 300

St Petersburg FL 33702

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7901 4th Street N. Ste 300

St Petersburg FL 33702

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:

Registered Agents, Inc.

New Registered Office Address:

7901 4th Street N Ste 300

Enter Florida street address

St. Petersburg

City

Florida

33702

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.

Bill Hume

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

I would like to amend Registered Agent
and business address

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	Registered Agents Inc	7901 4 th St N Ste 300	<input checked="" type="checkbox"/> Add
	Name of Registered Agent	St. Petersburg, FL 33702	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
My	Business Address	7901 4 th St W Ste 300	<input checked="" type="checkbox"/> Add
		St. Petersburg, FL 33702	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please change the Registered Agent
and the business Address section.
Thank you!

E. Effective date, if other than the date of filing: 2/15/21 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated January 13, 2021

Aniko Roche

Signature of a member or authorized representative of a member

Aniko Roche

Typed or printed name of signee