

L210000012779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

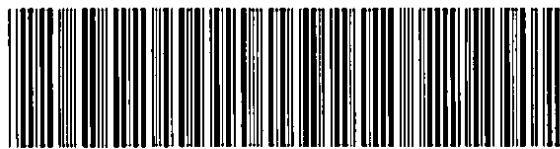
(Document Number)

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2021 JAN 21 A 10:57  
TALLAHASSEE, FLORIDA

LLC  
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JAN 21 2021

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ~~B.A.A. Habits~~ My Black Attracts 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:

Brittany Parker  
Name of Person

Firm/Company

4067 Old Plantation loop  
Address

Tallahassee, FL 32311  
City/State and Zip Code

BrittParker2020@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brittany Parker at (850) 300-8600  
Name of Person 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)

**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**

My Black Attracts 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 01/04/2021 and assigned Florida document number 221000012779

This amendment is submitted to amend the following:

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

B. A. D. O HABITS 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)

4067 Old Plantation Loop  
Tallahassee, FL 32311

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

Same as above

**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:

New Registered Office Address:

Enter Florida street address

Florida

City

FILED  
2021 JAN 21 A 10:57  
TALLAHASSEE, FLORIDA

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**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

Scenario	Initial State	Final State	Operation
Scenario 1	State 1	State 2	<input type="checkbox"/> Add
	State 2	State 3	<input type="checkbox"/> Remove
	State 3	State 4	<input type="checkbox"/> Change
Scenario 2	State 1	State 2	<input type="checkbox"/> Add
	State 2	State 3	<input type="checkbox"/> Remove
	State 3	State 4	<input type="checkbox"/> Change
Scenario 3	State 1	State 2	<input type="checkbox"/> Add
	State 2	State 3	<input type="checkbox"/> Remove
	State 3	State 4	<input type="checkbox"/> Change
Scenario 4	State 1	State 2	<input type="checkbox"/> Add
	State 2	State 3	<input type="checkbox"/> Remove
	State 3	State 4	<input type="checkbox"/> Change
Scenario 5	State 1	State 2	<input type="checkbox"/> Add
	State 2	State 3	<input type="checkbox"/> Remove
	State 3	State 4	<input type="checkbox"/> Change
Scenario 6	State 1	State 2	<input type="checkbox"/> Add
	State 2	State 3	<input type="checkbox"/> Remove
	State 3	State 4	<input type="checkbox"/> Change

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**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.

Typed or printed name of signee