## WW 28430

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A. BUTLER

OCT - 3 2022

## **COVER LETTER**

TO: Registration Sect Division of Corpo			
SUBJECT:	Robyn Vo	ant LLC ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter to	o the following:	
	Robyn  Robyn  III E. Ta  Tallaha  Tobyn yar	Name of Person  And LLC  Firm/Company  EMNESSEE  Address  SSEE F2 32  City/State and Zip Code  The And The Code  The Beauty C	308 19/1.Com
Tallahassee Fi 32308			
Robun Name of	<u>Uant</u> Rerson	at (\$50) 321	2 · 3050 Telephone Number
Enclosed is a check for the	e 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)
Mailina Address		Street Address:	

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

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

FILED

Robin	Vant //C , 2022 OCT -3 PH 2: 42
(Name of the Limited Liability CA (A Florida Lim	ompany as it now appears on our records.)  TRILLAIM 1855, FL
The Articles of Organization for this Limited Liability Comp	pany were filed on and assigned
Florida document number	
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	<u>(S)</u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter the name of the new registerec</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zin 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 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>	Name	Address	Type of Action
	Robert Holland	408 E Street	□Add
		408 E Street  Take Wales 72 338	<b>H</b> remove
			□Add
			🗆 Remove
			□ Change
	- <del></del>		🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□ Remove
			Change
			□Add
			□Remove
			□Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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f an eff <u>Note:</u>	ive date, if other than the date of filing:
recor I is fil	d 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 led.
ated	
nited ;	
	Signardic of a member or authorized representative of a member
	Hobyn Vant Typed or printed name of signee