# 121000033383

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Harne)
(Document Number)
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THE STATE

SULKER.

# Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 2/9/2021			**WALK	
ENTITY NAME SIZZLE	MCAFFY COLLECTIBLES LLC		· · · · · · · · · · · · · · · · · · ·	- <b>.</b> .
DOCUMENT NUMBER_				
	**PLEASE FILE THE ATTACHE	TO AND RETURN**		
XXXX	Plain Copy		•	
	Certified Copy			
	Certificate of Status			
***	Certified Copy of Arts & Amendmen			
	Certificate of Good Standing			
	**APOSTILLE' / NOTARIAL	CERTIFICATION**		
COUNTRY OF DESTINATI	DN		<del></del>	
NUMBER OF CERTIFICAT	ES REQUESTED			
TOTAL OWED \$25.00		ACCOUNT #: I20160000072		٠
		and the second		
Please call Tina at the	above number for any issues	or concerns. Thank you so	much!	

### **COVER LETTER**

TO: Registration Se Division of Cor		•	
CLEAN EASTERN	Affy Collectables LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Fabrizio Lengua		
	<del></del>	Name of Person	
	ZenBusiness PBC		
		Firm/Company	<del> </del>
	5900 Balcones Drive Suite	£ 5000	
	<u> </u>	Address	
	Austin, TX 78731		
	<del></del>	City/State and Zip Code	<del>.</del>
	fulfillment@zenbusiness.co		
For further information c	E-mail address: ( oncerning this matter, please c	to be used for future annual report no all:	tification)
Fabrizio Lengua		512 237-7349	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 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)
<u>Mailing Addres</u> Registration S		Street Address: Registration Se	ection
Division of C		Division of Co	
P.O. Box 632	7	The Centre of	Tallahassee
Tallahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sizzle McAffy Collectables LLC

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

s of Organization for this Limited Liability Company were filed on 01/15/2021 and assignment number 1.21000033783

The Articles of Organization for this Limited Liability Company were filed on 01/15/2021	and assigned
Florida document number L21000033783	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Sizzle McAffy Collectibles LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	1
	* 1
B. If amending the registered agent and/or registered office address on our records, <u>enter th</u> agent and/or the new registered office address here:	ne name of the new registere
	8 O
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	
Enter Florida street address	:a.

#### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□ Change
			□Add
			□Remove
			□ Remove
		<u></u>	□Change
			□Remove
			☐ Change
			□ Add
			Remove
			☐Change
			□Ađd
		<del></del>	□Remove
			Change

## Page 2 of 3

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ective date, if other than the effective date is listed, the date muste: If the date inserted in this blument's effective date on the D	ock does not meet the ap	pplicable statutory f	( <b>opt</b> ion more than 90 days after than 90 days after this requirements, the	onal) r filing.) Pursuant to 605.0207 s date will not be listed as
record specifies a delayed he 90th day after the rec	d effective date, but ord is filed.	t not an effectiv	e time, at 12:01	a.m. on the earlier of
ed_02/08	, 2021			
	Nicho. Signature of a member or	las Siburt	-	

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Filing Fee: \$25.00