(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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A. BUTLER JAN 25 2022

## **COVER LETTER**

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

	Conceited Looks by K.Brielle LLC				
SUBJECT:	Name of Limi	ited Liability Company	<del></del>		
The enclosed Article	es of Amendment and fee(s) are sub-	mitted for filing.			
Please return all cor	respondence concerning this matter	to the following:			
	Kasha B Davis				
	<del></del>	Name of Person	<del></del>		
	Conceited Looks by K.brie	elleLLC			
		Firm/Company	<del></del>		
	915 Florida Street				
		Address			
	Starke FL 32091				
		City/State and Zip Code	<del></del>		
	kashadavis32091@gmail.co				
		to be used for future annual report notification)			
For further informat	tion concerning this matter, please c	all:			
Kasha B Davis		904 769-8225 at ()			
N	ame of Person	Area Code Daytime Telephone	Number		
Enclosed is a check	for the following amount:				
□ \$25.00 Filing F	ce S30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	0.00 Filing Fee, fertificate of Status & ertified Copy dditional copy is enclosed)		
Mailing A		Street Address: Registration Section			
Registration Section Division of Corporations		Division of Corporations			

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Conceited Looks by K.brielle LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number <u>L2100</u>0034388 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Conceited Looks LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 915 Florida Street Enter new principal offices address, if applicable: Starke FI 32091 (Principal office address MUST BE A STREET ADDRESS) 915 Florida Street Enter new mailing address, if applicable: Starke FL 32091 (Mailing address MAY BE A POST OFFICE BOX) 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

## 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>	<u>Name</u>	Address	Type of Action
MGR	Kasha B Davis	915 Florida Street	
		Starke FL 32091	/ \ □Remove
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			□Change
			□Add
			□Remove
			Change
<del>_</del>			□Add
			□Remove
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			□Remove
			Change

If amending any other	mormation, enter e	mange(3) neve	(much unam	onar sneem, y m	- Community	
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Effective date, if other If an effective date is listed, the Note: If the date inserted document's effective date	e date must be specific and in this block does not	nd cannot be prior to meet the applica	o date of filing or i ble statutory fili	nore than 90 days a	otional) fter filing.) Pursuant t this date will not b	to 605.0207 oc listed as t
e record specifies a delayerd is filed.	d effective date, but no	ot an effective tin	nc, at 12:01 a.m.	on the earlier of	(b) The 90th day	y after the
Dated		2022				
<b>}</b>	Jasla 1	( )ai	<del>-</del>		_	<del></del>
	Signature of a	member or author	rized representativ	e of a member		
	Vnchn		C			

n... n \*\*\*\*



January 25, 2022

FRANK DANSO 15161 WHITE WAGTAIL LN WINTER GARDEN, FL 34787

SUBJECT: STRUCTURE PRO, LLC

Ref. Number: L15000111222

We have received your document for STRUCTURE PRO, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU CANNOT APPLY FOR AN AMENDMENT UNTIL YOUR ENTITY IS ACTIVE.

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.

Letter Number: 822A00001960

Anissa Butler Regulatory Specialist II

www.sunbiz.org