

h21 0000 36793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

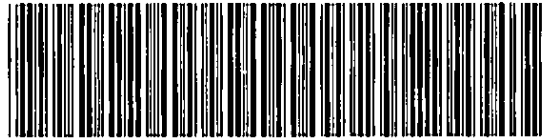
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APR 29 2021  
DIVISION OF CORPORATION  
21 MAR - 8 AM 11: 54

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: FAMOUS Nameless 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:

Molly Lewis  
Name of Person

\_\_\_\_\_  
Firm/Company

4902 N MacDill Ave Apt 809  
Address

Tampa, FL 33614  
City/State and Zip Code

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

For further information concerning this matter, please call:

Molly M Lewis at (240) 439-9911  
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

FAMOUS Nameless LLC

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
21 MAR -8 AM 11:54

The Articles of Organization for this Limited Liability Company were filed on 11/18/21 and assigned  
Florida document number L21000036793

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)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Enter new mailing address, if applicable:

*(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*

\_\_\_\_\_, Florida \_\_\_\_\_

*City*

*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**

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

FILED  
T. CH. LEE  
CLERK OF STATE  
DIVISION OF CORPORATION  
21 MAR -8 AM 11:54

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Molly Lewis	4902 N MacDill Ave	<input checked="" type="checkbox"/> Add
		Apt 809	<input type="checkbox"/> Remove
		Tampa, FL 33614	<input type="checkbox"/> Change
AMBR	Craig Doherty	29777 Seacoi St	<input checked="" type="checkbox"/> Add
		CLEARWATER, FL 33761	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

SECRETARY OF STATE  
DIVISION OF CORPORATION

21 MAR -8 AM 11:54

When initially filling out the articles of organization, I incorrectly filled it out & did not put myself or the other owner, Craig Doherty as authorized members. AS OWNERS. I need us added as authorized members to be able to make decisions on behalf of the business.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (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 February 23, 2021

Molly Lewis  
Signature of a member or authorized representative of a member

Molly Lewis  
Typed or printed name of signee

Filing Fee: \$25.00