# 121000093214

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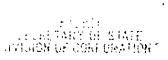
# **COVER LETTER**

TO: Registration Sect Division of Corpo				
SUBJECT: Wil	d Custom Ca Name of Lim	octions LLC	<u>~ •                                     </u>	<del></del>
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
	Mairim	Name of Person		
	Wild Custo	Om Creations	, LLC	- <del></del>
		i inii evanpany		
	1275 N.E	. 120 <sup>th</sup> St.		
	Oteechob	ee FL 3497:	2	<del></del>
	wildcuston E-mail address: (to	City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  obe used for future annual re	@ gmail.	<u>com</u>
For further information con-	cerning this matter, please ca			
Mairi M Name of Po	G. Riveru	at ()	<u>722 - G28</u> Daytime Telepho	ne Number
inclosed is a check for the f	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



(Name of the Limited Liability C	Company as it now appears'	LLC 21 HAR 29 PA 4: 13	
The Articles of Organization for this Limited Liability Com Florida document number <u>L21000093214</u> .	npany were filed on <u>Fe</u>	b 25, 2021 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company her	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRES)	<del></del>	signation "L.L.C" or the abbreviation "L.L.C."	- - -
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)			<u></u> 
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our rec	cords, <u>enter the name of the new regist</u>	erec
Name of New Registered Agent:			_
New Registered Office Address:	Enter Floria	da street address	_
<del></del>	City	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 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	21 MAR 29 PM 4: 13	Type of Action
AMBR	Samontha Padilla.	1275 N.	E 120thst.	□ ∧dd
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ote: If the date insert	er than the date of filing:  the date must be specific and cannot ed in this block does not meet the ate on the Department of State's r	: applicable statutory filmg re	(optiona than 90 days after fili equirements, this da	d) ng.) Pursuant to 605.0207 ( te will not be listed as t	
ecord specifies a dela is filed.	yed effective date, but not an effe	ective time, at 12:01 a.m. on t	the earlier of: (h)	The 90th day after the	
ned <u>3</u> /25/		·			
		or authorized representative of	a member	·	
	Mairim 6.	RIVERO.			
	1	or printed name of signee	<del></del>	<del></del>	