L21000107269

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COVER LETTER

TO: Registration Se Division of Cor		•	
SUBJECT: Two Girls	s and a Mop LLC		
30b3EC1.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Theresa Kabay	Name of Person	
	Two Girls and a Mor	Firm/Company	
	00070 N= 1 h 04	45	
	20870 Ne Hwy 31	Address	
	Fort McCoy FL 32134	City/State and Zip Code	
	alosmom0114@gmail.co	m	
		to be used for future annual report notifi	cation)
For further information of	oncerning this matter, please c	aii:	
Theresa Kabay	CD	at (<u>JSA</u>) <u>396- (</u> Area Code Daytime	SSSO Telephone Number
Name o	of Person	Area Code Daytime	relephone Number
Enclosed is a check for t	he following amount:		
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fce & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is Enclosed)
Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen	tions

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ed Liability Company (A Florida Limited Liab			
The Articles of Organization for this Limited Li Florida document number L21000107269	iability Company w	ere filed on <u>MaC</u>	Ch 3 d 30 31 and assigned	
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	f the limited liabili	ty company here:		
The new name must be distinguishable and contain the w	vords "Limited Liability	Company," the design	ation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		20870 Ne Hwy 315		
(Principal office address MUST BE A STREE	T ADDRESS)			
		Fort McCoy FL	32134	
Enter new mailing address, if applicable:		20870 Ne Hwy	315	
(Mailing address MAY BE A POST OFFICE		Port McCoy FL 32134		
B. If amending the registered agent and/ registered agent and/or the new registered of Name of New Registered Agent:	ffice address here:	ce address on ou Registered Ag		
New Registered Office Address:	7901 4th St	N STE 300		
New Registered Office Figuress.		Enter Florida street address		
	St. Petersb		, Florida 33702	
	Dagistared Agent	City	zip Coue	
New Registered Agent's Signature, if changing	Register tu Agent.		acity. I further agree tesomply with the duties, and I am familiar with and	

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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
AMBR	Alan Kabay	20870 NE Hwy 315	Add
		Fort McCoy Florida	₽ Remove
		32134	Change
AMBR	Elizabeth Blow	796 SW 135th Terrace	u Add
		Ocala Florida	□ Remove
		34481	Change
			Add
			☐ Remove
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			Change

						
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cument's effective date	on the Department	of State's records.				Q
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Filing Fee: \$25.00