# LZ1000141285

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phon	e #)
PICK-UP WAIT	MAIL
(Business Entity Nar	me)
(Document Number)	<del></del>
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August 21, 2021

KIMBERLY BYRD 935 N. BENEVA RD SUITE 609 PMB 86 SARASOTA, FL 34232

SUBJECT: IM JUST BOUGIE LLC

Ref. Number: L21000141285

We have received your document for IM JUST BOUGIE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Letter Number: 521A00020082

Yvette Scott Document Specialist II

www.sunbiz.org

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: IM J	ust Bougle LL Name of Lim	С	
Nobseci. IIII O	Name of Lim	ited Liability Company	<del>-</del>
	_		
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
•	Ž	-	
	Kimberly!	Byrd Name of Person	
	1	UName of Person	
		Firm/Company	
	COCNE	D. C. H. Ass. Sw. C	5.50
	935 N Iseneva	Rd. Suite 609 PMF	<u> </u>
	Sarasota, Fl.	34232	
		City/State and Zip Code	
	byrdKimlood E-mail address: (	34232 City/State and Zip Code Compail com to be used for future annual report noti	fication)
Ear firethar information or	oncorning this matter, please ca		,
roi futtier information ce	incerning this matter, prease ea	ait.	
Kimberly	Rurd	at ( <u>941</u> ) <u>894-7</u> Area Code Daytim	1581
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	e following amount:		
▼ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
2 525.00 t ning ree	Certificate of Status	Certified Copy (additional copy is enclosed)	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

Im Just Bougie LLC

( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our rida Limited Liability Company)	record <u>s.</u> )		
The Articles of Organization for this Limited Liability	y Company were filed on 3/25	2021	and as	signed
Florida document number <u>L21000141285</u>				
This amendment is submitted to amend the following	Ç.			
A. If amending name, enter the new name of the l	imited liability company here:			
The new name must be distinguishable and contain the words "	Boune Bake F Limited Liability Company," the designation	STANCI I	LC breviation "L	L.C."
Enter new principal offices address, if applicable:			<del></del>	
(Principal office address MUST BE A STREET AD	DRESS)	,		
	<del></del>			
Enter new mailing address, if applicable:	·	,	-21	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	<u> </u>	
				<u> </u>
B. If amending the registered agent and/or registe	ered office address on our records,	enter the nam	e of the ne	
agent and/or the new registered office address her		NCO SCO	<u> </u>	
		E ST	ي ر	7
Name of New Registered Agent:		T AT	သ္	
New Registered Office Address:				
	Enter Florida stree	t address		
		Florida	Zip Code	<del></del>
	•		•	

### 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>	Name	Address	Type of Action
	<del></del>		□ Add
			□ Remove
			□Change
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Note:	five date, if other than the date of filing:  [Coptional]  [Coptional]
e reco	rd 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 iled.
Dated	<u>September 29</u> , 2021.
	Signature of a member or authorized representative of a member
	Kunherly N Ryrd