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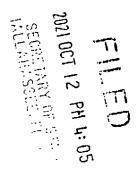
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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor	ection porations				
Persephone	's Purse, LLC.				
SUBJECT:		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:			
	Amanda Holt				
		Name of Person			
	Persephone's Purse, LLC.				
		Firm/Company			
	3519 4th Street SW				
		Address			
	Lehigh Acres, FL 33976				
		City/State and Zip Code			
	persephonespursebeauty@g E-mail address: ()	mail.com to be used for future annual report no	tification)		
For further information c	oncerning this matter, please co	-			
Amanda Holt		407 766-3449			
Name o	f Person	at ()	me Telephone Number		
Enclosed is a check for th	ne 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)		
Muiting Address		Street Address:	antion		
Registration S Division of C	orporations	Registration Section Division of Corporations			
P.O. Box 632	7	The Centre of			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 OCT 12 PM 4: 06 Persephone's Purse, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) SECRETARY OF STATE The Articles of Organization for this Limited Liability Company were filed on March 26, 2021 and assigned Florida document number L21000142221 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 "LLC." 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 <u>__</u> City 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

Title	<u>Name</u>	Address	Type of Action
MGR	Amanda Hoit	3519 4th Street SW	≅ Add
		Lehigh Acres, FL 33976	□Remove
			□Change
AMBR	Amanda Holt	3519 4th Street SW	
		Lehigh Acres, FL 33976	□Remove
		- <u> </u>	□Change
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			☐ Change
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Note: If the date inserted in this b	block does not	meet the applic	able statutory fili	ng requirements.	this date will not b	e listed as tl
document's effective date on the l	Department of	State's records				
e record specifies a delayed effecti	ive date, but no	ot an effective ti	me. at 12:01 a.m.	on the earlier of	(b) The 90th day	after the
rd is filed.					. (()	uner me
October 5		2021				
Dated			·			
ani	1	$A \cap A$	£			

Filing Fee: \$25.00

Typed or printed name of signee