## L21000168252

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(Do	cument Number)	
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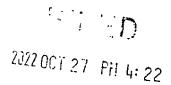
## COVER LETTER

OO VER EET VER
TO: Registration Section Division of Corporations
SUBJECT: Dizzy Bee Boutique LLC Name of Limited Etability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Melissa M De Baecke Name of Person
Dizzy Bu Boutique LLC
15619 Woodbury Dr
City/State and Zip Code  Dizzy bee 1/c@outlook.com  E-mail address: (u) be used for future annual report notification)
For further information concerning this matter, please call:
Melissa DeBaecke at (904) 383-2591  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, 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



Dizzy Bee Bo	outique LLC 19 MISTYE
(Name of the L)mited Liability Compan (A Florida Limited L	ny as it no <b>y</b> appears on our records.) Hability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L 21000168 25</u> 2	were filed on April 07, 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liability"	
The new name must be distinguishable and contain the words "Limited Liabili	
Enter new principal offices address, if applicable:	15619 Woodbury Dr Jacksonville Fl 32234
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville F1 32234
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	15619 Woodbury Dr Jacksonville, Fr. 32234
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent: 15619	1 Woodbury Dr
New Registered Office Address: Tack	Enter Florida street address
Jack	Sonville Fl 37234  Enter Florida street address  Sonville Florida 32234  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

<u>Title</u>	Name	Address	Type of Action
AMBR	Amanda Gregory Mau	e 6896 Bill Davis Rd	@Add
		e 6896 Bill Davis Rd Glen St Mary Fl 32041	□Remove
			DAdd
			🗆 Remove
			□Change
		<del>.</del>	□Add
			□Remove
			□Change
	<del></del>		□Add
			□Remove
			Change
		<del></del>	□Add
			□Remove
			□Change
			□Add
			□Remove
			□Chana.

_	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff	ive date, if other than the date of filing: 10/23/2022 (optional) excive 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 (and the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the lent's effective date on the Department of State's records.
he recor ord is fi	d 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 led.
Dated	10/23/2022
	10/23/2022.  Melisse M DiBacke Signature of a member or authorized representative of a member
	Melissa M DeBaecke Typed or printed name of signee

Filing Fee: \$25.00