# LZ1000 191154

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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## **COVER LETTER**

| TO: Registration Sec<br>Division of Corp |  |   |  |
|--|--|---|--|
| SUBJECT: Close +                         | Freak Boutin                                 | age LLC   |  |
|  | Name of Limi                                 | ited Liability Company  |  |
| The enclosed Articles of a               | Amendment and fee(s) are sub-                | mitted for filing.  |  |
| Please return all correspon              | ndence concerning this matter                | to the following:   |  |
|  | Sarry Sylve                                  | STAC<br>Name of Person  | · ··-  |
|  |  | Firm/Company  | <del></del>  |
|  | 11700 Sw 2                                   | Ind St. Apt 165<br>Address  | <u>.</u><br>S  |
|  | pembrole pin                                 | City/State and Zip Code   | 5  |
|  | Sandy Sivest                                 | PCCa ChWoCOM to be used for future annual report noti               | fication)  |
| For further information co               | oncerning this matter, please ca             | all:  |  |
| Sandy Silve<br>Name of                   | Person                                       | at (305) 367 [] Area Code Daytime                                   | 26<br>e Telephone Number   |
| Enclosed is a check for th               | c 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

| Closel from Bouti  | ULC LLC Company as it now appears on our recor | d• )   |
|--|--|--|
| (A Florida I   | Limited Liability Company)                     |  |
| The Articles of Organization for this Limited Liability Co<br>Florida document number <u>L2100019154</u>   | mpany were filed on APT 1 26/                  | 2021 and assigned                            |
| This amendment is submitted to amend the following:  |  |  |
| A. If amending name, enter the new name of the limited to the limi |  | C" or the abbreviation "L.L.C."              |
| Enter new principal offices address, if applicable:  |  |  |
| (Principal office address MUST BE A STREET ADDRE   | ESSS)  |  |
|  |  |  |
| 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 agent and/or the new registered office address here:   | office address on our records, enter           | the name of the new registered               |
|  |  | <b>\</b> :                                   |
| Name of New Registered Agent:  |  | <u> </u>                                     |
| New Registered Office Address:   |  | <u>.                                    </u> |
|  | Enter Florida street addre                     | 55.5   |
|  |  | lorida<br>Zip Code                           |
|  | Citv   | ∠ <i>ір</i> ∪оае                             |

### 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 ame             | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)   |
|--------------------|---|
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| If an eff<br>Note: | ective 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 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records. |
| e recor            | 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 ed.  |
| Dated              | May 17th 2021.  |
|                    | Signature of a member or authorized representative of a member  |
|                    | Typed or printed name of signce   |