## L21000201084

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## **COVER LETTER**

Division of Cor			
SUBJECT: <u>Bo</u>	IIS R US L	L C ted Liability Company	
The enclosed Articles of .	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Antonet te	S <b>Hours</b> Name of Person	
		Firm/Company	
	2241 Nor-	th Monroe Stree	+
	Tollahassee	F1 37303 City/State and Zip Code	
	Stevens brio E-mail address: (1	nna 2015 @ 9mail 10 to be used for future annual report noti	oM fication)
For further information c	oncerning this matter, please co	all:	
Antonette Ste	uens f Person	at ( <u>850</u> ) <u>266 -</u> Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☑ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C	Section	Street Address: Registration Se Division of Co	
P.O. Box 632		The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



2021 NOV 16 PM 10: 46

SECRETARY OF STATE

Rolls - US LLC	SEURLIANT OF SALIANY AS IT NOW appears on our records.)
(A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Compan	v were filed on April 21, 2021 and assigned
Florida document number <u>L 2 1000 2 010 84</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
Lady Aroung Cardle CO L The new name must be distinguishable and contain the words "Limited Liab	offity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2241 North Monroe Street
(Principal office address MUST BE A STREET ADDRESS)	Tallahassee, F1 32303
Enter new mailing address, if applicable:	2241 North monroe street
(Mailing address MAY BE A POST OFFICE BOX)	Tollahassee F1 32303 Mail Box
	1115
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida 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 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	<u>Address</u>	Type of Action
			□Add
		·	□Remove
			□Change
			⊡Add
			\ \_Remove
			□Add
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lf an effe <u>Note:</u> l	ve date, if other than the date of filing:
e record rd is file	I 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
Dated _	11/16/21
	Action 14 August And Long 14 August 18 July Signature of a member or authorized representative of a member
	Ancrete steves Typed or printed name of signee

Filing Fee: \$25.00