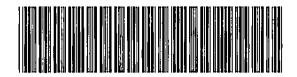
L21000228559

(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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09/01/21--01031--011 **80.00

7/1/21



COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of Corporations			
	Sea Moss LLC		
SUBJECT:	Name of Limi	ted 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:	
	Loudwine Almetes		
		Name of Person	
		Firm/Company	
	4713 NW 47 TERRACE		
		Address	
	Tamarac FL 33319		
	 	City/State and Zip Code	
	loudwinealmetes@yahoo.co	om to be used for future annual report noti	Foution
			neation
For further information c	oncerning this matter, please ca	aii:	
Loudwine Almetes		954 867-4586 at ()	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	S30.00 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 Addres		Street Address:	ction
Registration Section Division of Corporations		Registration Se Division of Cor	
P.O. Box 632		The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Madam L A Sea Moss LLC		
(Name of the Limited (A	Liability Company as it now appears on our re Florida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liab		and assigned
lorida document number L21000228559	 ·	
his amendment is submitted to amend the follow	ring:	
a. If amending name, enter the new name of the	he limited liability company here:	
he new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
Principal office address MUST BE A STREET	ADDRESS)	<u> </u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u> </u>	
 If amending the registered agent and/or registered affice address 		nter the name of the new registe
gent and/or the new registered office address	nere.	
		•
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
	Enter Florida street a	ddress
		Florida Zip Code
	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	Address	Type of Action
AMBR	Loudwine Almetes	4713 NW 47th Terrace Tamarac Fl 33319	= Add
	-		□Remove
			□Change
AMBR	Virginia Almetes	4713 NW 47th Terrace Tamarac FL 33319	□Add
			Remove
			□Change
MGR	Alexys Smith	4713 NW 47th Теггасе Tamarac FL 3319	□Add
			Remove
			□Change
AP	Rosetta Smith	4713 NW 47th Terrace Tamarac FL 33319	□Add
			■Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

If amending any othe	r information, enter change(s) here: (Attach additional sheets, if necessary.)
	
If an effective date is listed. Note: If the date insert	r than the date of filing: (optional) 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 in this block does not meet the applicable statutory filing requirements, this date will not be listed as a face on the Department of State's records.
ne record specifies a dela ord is filed.	yed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
05/24 Dated	2021
Dated	
	Signature of a member or authorized representative of a member
	Signature of a memory of audiorned representative of a memory
Loudwine A	Imetes

Filing Fee: \$25.00