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JYASHAR FOLKADKATIONS TALLAHASSEE FLORIDA

21 OCT -4 AM 9:4

## **COVER LETTER**

SUBJECT: All RO	Walty B	ROUTE SUPPLE ited Liability Company	<del> </del>
The enclosed Articles of Amen			
Please return all correspondence	e concerning this matter	to the following.	
	Anthony	Th. Warne of Person	- <del>1</del> /
<u>-</u>	All Roya	14 Beauty	Supply UC
_	5111 DO	gwad ar #	3804
_	Milton,	FI 3057 2 City/State and Zip Code	
_	Roycuty b	eauty 850 @ Go (to be used for future annual report for	rail. Com
For further information concer	ning this matter, please o	call:	
Anthony Hubed	LAUX JV	at ( <u>\$10</u> ) <u>400</u> – Area Code Daytir	- & 7 39 ne Telephone Number
Enclosed is a check for the fol	lowing amount:		
□ \$25.00 Filing Fee 🥳	S30.00 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 Address:		Street Address:	

Registration Section
Division of Corporations

Registration Section

Division of Corporations

TO:

P.O. Box 6327 Tallahassee, FL 32314 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

All Rapulty [Minited]	Liability Complete V Florida Limber Lia	Supply as it now appears on o ability Company	Ur records.)		
The Articles of Organization for this Limited Liab		vere filed on $5/9$	12021	and assig	med
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liabil	ity company here:			
The new name must be distinguishable and contain the wor	rds "Limited Liabilit	y Company," the designa	ition "LLC" or the abbi	reviation "IL	.C."
Enter new principal offices address, if applical	ble:		(,) 	202	
(Principal office address MUST BE A STREET	'ADDRESS)		<u></u>		11
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	: <u>O.X)</u>		20 20 20 20 20 20 20 20 20 20 20 20 20 2	AN 10: 04	ED
B. If amending the registered agent and/or reagent and/or the new registered office address		ddress on our recor	ds, <u>enter the name</u>	of the new	registered
Name of New Registered Agent: New Registered Office Address:	Anthon 5111 Da	y Thibod Jwood dr Enter Florida s	LCUX J #3804 tree address		
	Miltor	City	, Florida	<u>32572</u> Zip Code	<u>.                                    </u>

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.

Sylling Thyling 14

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>	<u>Name</u>	Address	Type of Action
<del></del>			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
	<del></del>		□Add
			□Remove
			□ Change
			□Remove
			☐ Change
			□Add
			Remove
			Change
			□Add
			Remove
			☐Change

). If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing:  (If an effective 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 (  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If the record 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 record is filed.
Dated DC+, 4, 2021
Signature of a member or authorized representative of a member
Debra Freeman Typed or printed name of signee