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(Requestor's Name) (Address) (Address)	700440147137
(City/State/Zip/Phone #)	11/25/2401013004 **25.00
(Business Entity Name)	
(Document Number) Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	FILED 2024 NOV 25 PH 2: SECTIVE ALLANASSEE, FI
Office Use Only	PH 2: 47

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TO: Registration Section Division of Corporations

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SUBJECT: HER HUSTLE LLC Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Joseph Name of Person

Firm/Company

Address

City/State and Zip Code

Squid4life96 @ smail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID JDSEPHat (305)343-5024Name of PersonArea CodeDaytime Telephone Number

Enclosed is a check for the following amount:

1 \$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

HER HUSTLE LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on <u>May 19, 2021</u> and assigned Florida document number <u>L 2/000 233870</u>

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

 (Principal office address MUST BE A STREET ADDRESS)
 0
 2

 A:
 A:
 A:
 A:

 Enter new mailing address, if applicable:
 0
 1

 (Mailing address MAY BE A POST OFFICE BOX)
 0
 1

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered agent and/or the new registered office address here</u>:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street aa	klress
		. Florida
	City	ZipCode

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

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<u>Title</u>	Name	Address	<u>Type of Action</u>
AMBR	Joseph, David	11851 sw 42nd pl	🗆 Add
		Unit 311	
		Miramar, FL 33025	Change
			🗆 Add
		□Change	
			🗆 Add
	_ <u></u>		
		🗆 Change	
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			🗆 Add
			🗆 Change
			🗆 Add

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

. . .

State of Florida
County of Miani - Date
Sworn to (or affirmed) and subscribed before me by
means of to physical presence OR in online notarization
this day of invertee
byiav d_ Josephi
(Signature of Notary Public)
Yasaine Uniel Telfer
(Brins Neme of Notary Public)
Personally known D OR produced identification E
Type of Identification Produced Oniver hien 32
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YASAINE ONIEL TELFER
* Commission # HH 592097
Cr FLOR Explores September 11, 2028
1 1
E. Effective date, if other than the date of filing: $\frac{11}{21/24}$ (optional)
(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 (3
- Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as th
document's effective date on the Department of State's records.
f 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
ecord is filed.
Dated
л <i>П</i>

Signature of a member or authorized representative of a member

DAVID JOSEPH

Typed or printed name of signee

Filing Fee: \$25.00