

L21 000254 662

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

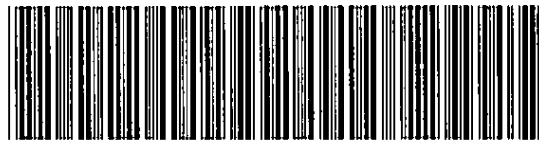
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/15/21--C1910- 003 --FEE,LL

FILED
2021 DEC -6 PM 1:25
CLERK OF STATE
TALLAHASSEE, FL

Y SULKER
DEC 07 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 3, 2021

BUTTERFLY'S EXPERIENCE LLC
8501 N 50TH STREET APT 902
TAMPA, FL 33617

SUBJECT: BUTTERFLY'S EXPERIENCE LLC
Ref. Number: L21000254662

We have received your document for BUTTERFLY'S EXPERIENCE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

SIGNATURE PAGE MISSING

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 721A00018219

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Butterfly's Experience LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Jaydah Tolbert
(Contact Person)

Butterfly's Experience
(Firm/Company)

8501 N. 50th Street Apt 902
(Address)

Tampa FL 33617
(City/State and Zip Code)

For further information concerning this matter, please call:

Jaydah Tolbert at (786) 7286250
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy

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**

(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 06/01/21 and assigned
Florida document number 121000254662.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TAMPA COUNTY
CLERK OF STATE
TAMPA, FL

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

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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Jennese Tolbert	4501 N. 50th Street Apt	<input type="checkbox"/> Add
		902 Tampa FL	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jaylah Tolbert	4501 N. 50th Street Apt	<input checked="" type="checkbox"/> Add
		902 Tampa FL 33617	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Ayuba Bakare	4501 N. 50th Street Apt	<input type="checkbox"/> Add
		902 Tampa FL 33617	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

27

[illegible]

(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)(b)

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.

Handwritten signature
Signature of a member

Signature of a member or authorized representative of a member

Jayden Tibert
Typed or print

Typed or printed name of signee

Filing Fee: \$25.00