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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

TEEZ ME PLZ ME LLC

**SUBJECT:** \_\_\_\_\_  
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:

SHENERIA BOUIE

\_\_\_\_\_  
Name of Person

TEEZ ME PLZ ME LLC

\_\_\_\_\_  
Firm/Company

237 W 29TH ST

\_\_\_\_\_  
Address

RIVIERA BEACH FL 33404

\_\_\_\_\_  
City/State and Zip Code

SBOUIE385@GMAIL.COM

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

For further information concerning this matter, please call:

SHENERIA BOUIE

561 889-7746

\_\_\_\_\_  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$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**

TEEZ ME PLZ ME 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 6/8/2021 and assigned Florida document number L2100026011.

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)

**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	Sheneelia Bowie	237 W. 29 <sup>th</sup> St	<input checked="" type="checkbox"/> Add
		Riviera Beach Fl 33404	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jerry Watson	237 W 29 <sup>th</sup> St	<input checked="" type="checkbox"/> Add
		Riviera Beach Fl 33404	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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Country	1950	1960	1970	1980	1990	2000	2010	2020	2030	2040	2050
Japan	7	8	10	12	14	16	18	20	22	24	26
Germany	10	11	12	13	14	15	16	17	18	19	20
France	11	12	13	14	15	16	17	18	19	20	21
Italy	12	13	14	15	16	17	18	19	20	21	22
Spain	13	14	15	16	17	18	19	20	21	22	23
UK	14	15	16	17	18	19	20	21	22	23	24
USA	15	16	17	18	19	20	21	22	23	24	25
Canada	16	17	18	19	20	21	22	23	24	25	26
Australia	17	18	19	20	21	22	23	24	25	26	27
Sweden	18	19	20	21	22	23	24	25	26	27	28
Norway	19	20	21	22	23	24	25	26	27	28	29
Finland	20	21	22	23	24	25	26	27	28	29	30
Denmark	21	22	23	24	25	26	27	28	29	30	31
Netherlands	22	23	24	25	26	27	28	29	30	31	32
Belgium	23	24	25	26	27	28	29	30	31	32	33
Portugal	24	25	26	27	28	29	30	31	32	33	34
Greece	25	26	27	28	29	30	31	32	33	34	35
Ireland	26	27	28	29	30	31	32	33	34	35	36
Poland	27	28	29	30	31	32	33	34	35	36	37
Czech Republic	28	29	30	31	32	33	34	35	36	37	38
Slovakia	29	30	31	32	33	34	35	36	37	38	39
Hungary	30	31	32	33	34	35	36	37	38	39	40
Slovenia	31	32	33	34	35	36	37	38	39	40	41
Croatia	32	33	34	35	36	37	38	39	40	41	42
Bulgaria	33	34	35	36	37	38	39	40	41	42	43
Romania	34	35	36	37	38	39	40	41	42	43	44
Latvia	35	36	37	38	39	40	41	42	43	44	45
Lithuania	36	37	38	39	40	41	42	43	44	45	46
Estonia	37	38	39	40	41	42	43	44	45	46	47
Malta	38	39	40	41	42	43	44	45	46	47	48
Cyprus	39	40	41	42	43	44	45	46	47	48	49
Malta	40	41	42	43	44	45	46	47	48	49	50

**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.

(S.B.)

~~8/5/21~~ August 5, 2021

2. SPB  
a member or authorized representative

Typed or printed name of signee

**Filing Fee: \$25.00**