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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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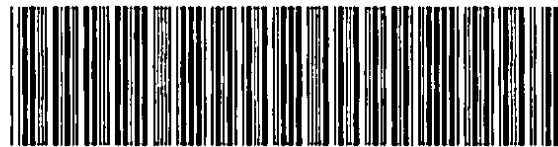
(Business Entity Name)

(Document Number)

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A. BUTLER
JAN 21 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Butterfly Kisses Effects
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:

LaShonda Allen
Name of Person

Care Free Tees LLC
Firm/Company

3301 North University Drive St. 100 #1023
Address

Coral Springs, FL 33065
City/State and Zip Code

CareFreeTeesLLC@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

La Shonda Allen at (850) 505-3045
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**

Butterfly Kisses Effects 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 07/30/2021 and assigned Florida document number L21000345275.

This amendment is submitted to amend the following:

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

Care Free Tees LLC

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)

3301 North University Drive
Suite 100 #1023
Coral Springs, FL 33065

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3301 North University Drive
Suite 100 #1023
Coral Springs, FL 33065

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:

LaShonda Allen

New Registered Office Address:

3301 North University Drive Suite 100 #1023
Enter Florida street address

Coral Springs City, Florida 33065 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.

L. Allen

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>
	<u>Northwest Registered Agents</u>	<u>7901 4th St N</u>	<input type="checkbox"/> Add
		<u>suite 300</u>	<input checked="" type="checkbox"/> Remove
		<u>St. Petersburg, FL 33702</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>LaShonda Allen</u>	<u>3301 North University Drive</u>	<input checked="" type="checkbox"/> Add
		<u>Suite 100 # 1023</u>	<input type="checkbox"/> Remove
		<u>Coral Springs, FL 33065</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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[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.

L. Allen
Signature of a member or authorized representative of a member

LaShonda Allen
Typed or printed name of signee