## 121000372056

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2 8/6/2022

## **COVER LETTER**

TO: Registration S Division of Co	
endieze.	Itsnots LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles o	f Amendment and fee(s) are submitted for filing.
Please return all corresp	condence concerning this matter to the following:
	Hernesha Lahon Name of Person
	Itsnots LLC
	Firm/Company
	Toures.
	Orlando, FL 32818 City/State and Zip Code
	City/State and Zip Code
	Hernesha. Fegmail. Lom E-mail address: (to be used forduture annual report notification)
For further information of	concerning this matter, please call:
ilerne ston	Lahon au 518, 902-1766
Name o	$\begin{array}{c c} \hline LaNon & \text{at } (5 \mid 8) & 902 - 1766 \\ \hline \text{of Person} & \text{Area Code} & \text{Daytime Telephone Number} \end{array}$
Enclosed is a check for t	he following amount:
\$25.00 Filing Fee	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration :	
Division of C	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Itsnots LLC				TOTT DATE OF BUILDS
( <u>Name of the Limited Liat</u> (A Flor	bility Company rida Limited Lial	as it now appears on pility Company)	our records.)	
The Articles of Organization for this Limited Liability Florida document number <u>L210003720</u>		ere filed on8	-19-2021	and assigned
This amendment is submitted to amend the following:	:			
A. If amending name, enter the new name of the li	<u>imited liabilit</u>	y company here:		
Znagti LLC				
The new name must be distinguishable and contain the words "L	Jimited Liability	Company," the design	ation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	-	7726 L	egacy La	une
(Principal office address MUST BE A STREET AD)	DRESS)		O, FL	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	- - -	32818 7726 Orland 32818		Lane
B. If amending the registered agent and/or register agent and/or the new registered office address here		lress on our recor	ds, <u>enter the nan</u>	ne of the new registere
Name of New Registered Agent:	ternesho	<u> Lahon</u>		
New Registered Office Address:		726 Lego Enter Florida s		
	Orla	ndu	Florida	32818 Zip Code
		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 addered for removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
		□Remove	
			□ Change
			□Add
·		□Remove	
		□Change	
			□Change
			□Add
			□Remove
			□Change

Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	
	- HAA
	Signature of a member or authorized representative of a member  Lernesha Lahon

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