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2021 SEP - 7 AM ||: ||:

COVER LETTER

Registration Section

Division of Corporations

TO:

The Hearts SUBJECT:	Ап				
30bJEC1	Name of Lin	aited Liability Company	····		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Shaneena Bitanga				
		Name of Person			
	The Hears Art				
		Firm/Company			
	5014 SE 108th Street				
		Address			
	Belleview, FL 34420				
		City/State and Zip Code			
	8WriteWords@Gmail.Com				
	E-mail address: (to be used for future annual report no	tification)		
For further information c	oncerning this matter, please c	all:			
Shaneena Bitanga		504 940-4007			
Name o	f Person		ne Telephone Number		
Enclosed is a check for th	ne 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 Addres		Street Address:			
Registration Section		Registration Section			
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee			
Tallahassee, I			pe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w	rere filed on August, 24th, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The Worldly Psychic, LLC		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbrevia	ute "L.L.C."
Enter new principal offices address, if applicable:		S my
(Principal office address MUST BE A STREET ADDRESS)	#155	1 779175
	.9 ⁷ 5 23:	- 17
Enter new mailing address, if applicable:		\(\frac{\cappa_{-}}{\cappa_{-}} \)
(Mailing address MAY BE A POST OFFICE BOX)		
-		
B. If amending the registered agent and/or registered office add	dress on our records anter the name of i	the new resi
igent and/or the new registered office address here:	diess on our records, enter the name or t	ne new regi
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City Zi _l	o 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>	Address	Type of Action
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			Remove
			Change
			□Add
			□ Remove
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tive date, if other than the	date of filing:			(optic	no!\		
ffective date is listed, the date must	t be specific and cannot be			ın 90 days after	filing.) P		
If the date inserted in this bloment's effective date on the Do			utory tiling requ	iirements, this	date wi	II not be	e listed
ord specifies a delayed effective filed.	e date, but not an effecti	ve time, at 12	2:01 a.m. on the	earlier of: (b) The 9	0th day	after ti
d August 28th,	2021			$\overline{}$			
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Typed or printed name of signee