L21000412155

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DIVISIOTALI CUNTURATIONS TALLAHASSEE FLORIDA

RECEIVED



COVER LETTER

Division of Corporations
SUBJECT: LINIQUE MOTHER'S POUTT QUE LLC 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:
ROCKION CONTRACTOR Name of Person
Con Tiny Firm'Combany
5401 Swith Kirking Roca Suite 310
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rosalyon George at 1689 677.7333 Name of Person at 1689 Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee & ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

FILED

2022 MAY 26 PM 1:1

SECRETARY OF STATE (Name of the Limited Liability Company as il now appears on our records.) (A Florida Limited Liability Company) TALLAHASSEE, FLORE
The Articles of Organization for this Limited Liability Company were filed on $\frac{9117121}{21000412155}$ and assigned
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
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

Title	<u>Name</u>	Address	Type of Action
 -			
			□Remove
			□Change
	···		
			□Remove
			□Remove
			□Change
			□Add
			□Remove
			[]Change
			□Add
			CRemove
			CRemove
			Change

	
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Note: If th	date, if other than the date of filing:
the record specord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a m, on the earlier of: (b) The 90th day after the
Dated 5	12(C 2.7) Signature of a member of a member
	Rosamin City Compensed name of signee

Filing Fee: \$25.00