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A. BUTLER JAN 2 1 2022

### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: By Paige Natalia 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:
Paige Sutcliffe Name of Person
By Paige Natalia LLC Firm/Company
859 NW 170th Terrace
Pembroke Pines, FL 33028 City/State and Zip Code
paige sut cliffe Qyahoo.com  J-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Paige Sutcliffe at (954) 505-1714  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
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#### 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**

j

By Paige Nato (Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our lability Company)	records.)
This amendment is submitted to amend the following:		
4. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
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 "LLC."  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)  It amending the registered agent and/or registered office address on our records, enter the name of the new registered.		
Enter now mailing address if applicables		
	<del></del>	
3. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records,	enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
	City	, Florida
New Registered Agent's Signature, if changing Registered Agent:	νώ	лұр Соае
	_	

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, <u>enter the title, name, and address of each person\_being adde</u> or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Paige Sutcliffe	859 NW 170th Terrac	e DAdd
		Pembroke Pines, FL	□Remove
		33028	□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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