

L21000448786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

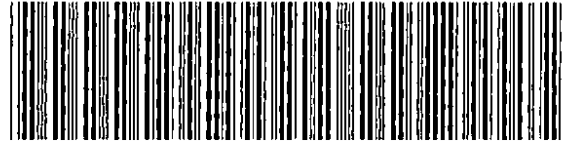
(Business Entity Name)

(Document Number)

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R. HUNT

06/20/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CASUAL SCRUBS 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:

MICHELLE A. BONNICK

Name of Person

Firm/Company

7724 CROSSWATER TRAIL 6312

Address

WINDERMERE, FL 34786

City/State and Zip Code

michelleann338@yahoo.com

E-mail address: (to be used for future annual report notification)

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JUN 20 PM 10:12
TALLAHASSEE, FL

For further information concerning this matter, please call:

MICHELLE A. BONNICK

689

275-2715

at ()

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**

CASUAL SCRUBS 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 10/14/2021 and assigned Florida document number L21000448786.

This amendment is submitted to amend the following:

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

ASCEND SCRUBS 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)

7724 CROSSWATER TRAIL 6312

WINDERMERE, FL 34786

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7724 CROSSWATER TRAIL 6312

WINDERMERE, FL 34786

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:

MICHELLE A. BONNICK

New Registered Office Address:

7724 CROSSWATER TRAIL 6312

Enter Florida street address

WINDERMERE

City

, Florida 34786

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, 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> |
|--------------|-------------|----------------|---------------------------------|
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