K21000490872

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



800385523888

04/14/22--01013--017 **25.00

2022 APR 14 PM 12: 59
SECRETARY OF STATE

A. BUTLER MAY 17 2022

COVER LETTER

· TO:

Tallahassee, FL 32314

TO: Registration Section Division of Corporat		
SUBJECT: Ench	anted Kreations LLC	
	Name of Limited Liability Company	
The enclosed Articles of Amer	ndment and fee(s) are submitted for filing.	
Please return all correspondence	ice concerning this matter to the following:	
	Ann Marge Schrecengost Name of Person	
£	Enchanted Kreations IIC Firm/Company	
<u>Į</u>	0252 Commercial Way #1002	
	Decky Wach F1 34613 City/State and Zip Code	
<u> </u>	Support @ enchanted Kreahons. net	
For further information concer	rning this matter, please call:	
Ann Marue S Name of Person	on 127 364-923/ Area Code Daytime Telephone Number	
Enclosed is a check for the following	lowing amount:	
	1 \$30,00 Filing Fee & ☐ \$55,00 Filing Fee & ☐ \$60,00 Filing Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	of Status &
Mailing Address: Registration Section Division of Corpo P.O. Box 6327		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Enchanted Keah	16175		2022 APR 14	PM 12: 50
(Name of the Limited Lia (A Flo	ibility Compan orida Limited L	ny as it now appears liability Company)	on our records.) St. CRF To Sy	25 a.
The Articles of Organization for this Limited Liability Florida document number 1210004908	y Company v コユ	were filed on	11 TALT 2529	OF STATE SEE, Fland assigned
Florida document number <u>LST USUMU 03</u>	<u>10</u> .			
This amendment is submitted to amend the following	; :			
A. If amending name, enter the new name of the l	limited liabil	lity company her	<u>e</u> :	
Enchanted Kreatins	5 LLC			
The new name must be distinguishable and contain the words "I	Limited Liabili	ty Company," the des	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	DRESS)		 -	
Enter new mailing address, if applicable:				<u>.</u>
(Mailing address MAY BE A POST OFFICE BOX)	<u>!</u>		<u>. </u>	
B. If amending the registered agent and/or registe	ered office a	ddress on our re	cords, <u>enter the n</u>	ame of the new registered
agent and/or the new registered office address her	<u>·e</u> :			
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Floric	la street address	
	.	City	Florida	Zip Code
		C IĻV		zajes enne

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 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
			□Add
			ПРЕМОТЕ
			□Change
			□Remove
			\ \ \ \ \ \text{Change}
		 	□Add
			□Remove
			\Box\tage
			\ \tag{\tau} \ Add
			□Remove
		□ Change	
			□Add
		□Remove	
		□Change	
			□Add
			Remove

_	
_	
_	
_	
1766	and the state of t
Note: If	e date, if other than the date of filing:
	—
ord is filed	
Dated _	4/1/2023
	' A
	Signature of a member or authorized representative of a member

1. Mario Col