LZ1000493019

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T. MATTHEWS
DEC 17 2021

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Eternity Ink By Kimberly 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:	
Kimberly Domaso Name of Person	
Firm/Company	
mailing! 5335 Butte street Lehigh Acres, FL 3397	1
bysiness address 28441 S. Tamiami Trail # 105 Bonita Spring, FL 341	32
Eternityink by kimberly a mail (CCM) E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Kimber Domiso at (239) 339 - 737 Name of Person at (239) Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$30.00 Filing Fee & □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

The Articles of Organization for this Limited Liability Company were filed on November 16,202 and assigned Florida document number <u>L21000493019</u> 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:

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.

City

Enter Florida street address

, Florida __

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 = Ma $AMBR = Au$	inager ithorized Member	Address 21 DEC -6 PH 3: 03	
<u>Title</u>	Name	Address 21 DELL TO	Type of Action
MGR	Kimberly Domaso	Mailing: 5335 Butte St. Lehigh FL 33971	Acres,
	·	Business address 284415.	_ 🗆 Remove
		Bonita Springs, FL 34134	_ 🗆 Ch a nge
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	(s) here: (Attach additional sheets, if necessary.)
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ective date, if other than the date of filing: $-\frac{1}{6}$	2/02/202 (optional)
effective date is listed, the date must be specific and cannot be	be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 applicable statutory filing requirements, this date will not be listed a
ument's effective date on the Department of State's re	
ord specifies a delayed effective date, but not an effe	ective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
filed.	
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a December 2nd 20	<u>121</u> .
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Signature of a member	of authorized representative of a member