L21 000 493 671

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A. RIVERS

JAN 2 4 2023



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2022 OCT 31 AM 8: 51

COVER LETTER

Registration Sec Division of Corp			•
JECT:	AT N DOLL	5.110	
JECI.		ited Liability Company	
enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
se return all correspon	ndence concerning this matter	to the following:	
	Sasho	Name of Person	
	Vair	Dolls LLC Firm/Company	<u>. </u>
	S507 C	assidy Lane	
		City/State and Zip Code	
	E-mail address: (Shascircle@gmator be used for future annual report not	ilication)
r further information co	ncerning this matter, please c	all:	
Sasha Name of	Nieves	at (<u>305)</u> <u>84</u> Area Code Daytin	2 - 8 2 1 Z ne Telephone Number
iclosed is a check for the	e 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)
<u>Mailing Address</u> Registration S		Street Address: Registration Se	ction
Division of Co P.O. Box 6327	•	Division of Cor The Centre of T	•
Tallahassee, F			e Street, Suite 810

Tallahassee, FL 32303

J

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	Florida Limited Liability	· Company)	
Articles of Organization for this Limited Liab	oility Company were	filed on November 13	2021 and assigned
da document number L2\000 493k	71_		
amendment is submitted to amend the follow	ing:		
f amending name, enter the new name of the	ne limited liability c	ompany here:	
Sasha	as Circle	>).) C.	
ew name must be distinguishable and contain the word	ls "Limited Liability Cor	npany," the designation "LLC" or	the abbreviation "L.L.C."
r new principal offices address, if applicab	le:	· · · · · · · · · · · · · · · · · · ·	
rcipal office address MUST BE A STREET	ADDRESS)		
r new mailing address, if applicable: <u>ling address MAY BE A POST OFFICE BO</u>	<u></u>		
amending the registered agent and/or reg t and/or the new registered office address		ss on our records, <u>enter the</u>	
Name of New Registered Agent:	Sasi	na Vieves	2022 O
New Registered Office Address:	5507	Enter Florida stren address	
	Ave M	ariaFloric	1a 34 E4 Z
		Ţŗ.	Zip Caeto
Registered Agent's Signature, if changing Reg	istered Agent:		<u> </u>

eby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the isions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and pt the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is g filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability pany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

f amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added r removed from our records</u>:

4GR = Manager 4MBR = Authorized Member

<u>`itle</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			Remove
			□Change
			□Add
			□Remove
			□Change
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		<u>,, , , , , , , , , , , , , , , , , , ,</u>	[]Change
			□Remove
			□Change

Page 2 of 3

ve date, if other than the date of filing: Scholer 27 2022 (optional) zive date is listed, the date must be specific and connot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as end's effective date on the Department of State's records. ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed. DCTOBER 27 2022. Signature of a member of another or authorized representative of a member Signature of a printed name of signee		
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