

L21000527744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

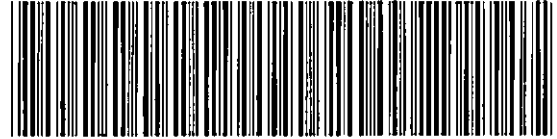
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JAN 31 2023

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2023 JAN 31 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Monique Sophia Star, 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:

Monique Parrish Marlow

Name of Person

Dark Sisters Alchemy LLC

Firm/Company

1543 Cassius St

Address

Lutz, FL 33549

City/State and Zip Code

mmarlow0206@gmail.com

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

For further information concerning this matter, please call:

Monique Parrish Marlow

813

351-9904

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$20.00 Filing Fee &

☐ \$55.00 Filing Fee &

☐ \$40.00 Filing Fee

\$30 -

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Monique Sophia Star, 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 12/15/21 and assigned
Florida document number L21000527744.

This amendment is submitted to amend the following:

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

Dark Sisters Alchemy, 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:

1543 Cassius St

(Principal office address MUST BE A STREET ADDRESS)

Lutz, FL 33549

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:

Monique Parrish Marlow

New Registered Office Address:

1543b Cassius St

Enter Florida street address

Lutz

Florida 333549

City

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, 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Gemma L King	22 Bradford St. Market Harborough	<input checked="" type="checkbox"/> Add
		Leicestershire LE169FJ	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Monique Parrish Marlow	1543 Casssius St. Lutz, FL 33549	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Shannon M Marlow	103 E Euclid Ave Tampa FL 33606	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated 1/16 2023

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Monique Parrish Marlow

Typed or printed name of signee

Filing Fee: \$25.00