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SECRETARY SECTION

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TO:

Registration Section

Tallahassee, FL 32314

Division of Co	orporations	.	
	AHOLIC LLC		
SUBJECT:	Name of Lit	mited Liability Company	
The enclosed Articles o	f Amendment and fec(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	KETHY AYERS		
		Name of Person	
		Firm/Company	
	5020 CLARK RD. #367		
		Address	
	SARASOTA, FL 34233		
		City/State and Zip Code	20. Si
	inquiresonthego@gmail.co	m	ZZ NO
		(to be used for future annual report notification)	2022 NOV 16 1
For further information of	concerning this matter, please c	all:	:2: 5 5
KETHY AYERS		ar (239) 738-01-35	6 M 9:28
Name c	of Person	Area Code Daytime Telephone Number	228
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Certified Copy (additional copy is enclosed) S60.00 Filing Certificate of Certified Co (additional copy)	of Status &
Mailing Address Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEALS-AHOLIC 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 JANUARY 12, 2022 __ and assigned Florida document number L22000027676 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: Enter Florida street 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

_, 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	KATHY AYERS	5020 CLARK RD. #367, SARASOTA, FL 34233	□Add
			≣Remove
			□Change
MGR	KETHY AYERS	5010 CLARK RD. #367, SARASOTA, FL 34233	= Add
			□Remove
		<u> </u>	Dichange
			□Remove 9 Change
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fective date, if other than the an effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the December 1.	t be specific and cannot be prior to date of ock does not meet the applicable stat	(optional) (filling or more than 90 days after filling.) Pursuant to utory filling requirements, this date will not be	605.0207 listed as
record specifies a delayed effectiv is filed.	e date, but not an effective time, at 13	2:01 a.m. on the earlier of: (b) The 90th day a	fter the
nted 11/11			
	KA/K) _		
	Signature of a prember or authorized rep	·	