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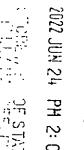
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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### **COVER LETTER**

TO: Registration Section Division of Corpo			
SUBJECT: <u>SUGA</u>	K-oulture Name of Limited Li	Boutique Li	
The enclosed Articles of An	mendment and fee(s) are submitted	I for tiling.	
Please return all correspond	ence concerning this matter to the	following:	
	Thomas	Reed Name of Person	
		Firm/Company	
	7/25 Fir	eside Dr. Address	
	Port Rich	es El. 346 Astate and Zip Code	48
	Suga Koultur El	Sed for fuller annual report not heated	wil-com
For further information con-	cerning this matter, please call:		
/hamas	Reed	at $(813)$ $347 - 6$ Area Code Daytime Tele	> 4 4 ( ephone Number
Enclosed is a check for the t	following amount:		
152 \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & 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

FILED

2022 JUN 24 PH 2: 06

( <u>Name of the Limited Liability Company a</u> (A Florida Limited Liabil	it now appears on our records.) ity Company) TALLA:	OF STATE
The Articles of Organization for this Limited Liability Company wer	e filed on	and assigned
Florida document number		
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 C	ompany," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		<u></u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
_		
B. If amending the registered agent and/or registered office addi	ess on our records, <u>enter the</u>	e name of the new registered
agent and/or the new registered office address here:		
Nine of Nine David and America		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	la Zin Code
New Registered Agent's Signature, if changing Registered Agent:	Çığ	Egreen
		1 1 1
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per		
accept the obligations of my position as registered agent as prov	ided for in Chapter 605, F.S	. Or, if this document is
being filed to merely reflect a change in the registered office add	ress, I hereby confirm that t	he 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Kimberly Reed	Address 3440 7125 Firestoe Dr. Port Richey Fl.	
			□ Remove
			☐ Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
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			Change

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lf an ef <u>Note:</u>	ive date, if other than the date of filing:
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (h) The 90th day after the
rd is fi	
rd is fi	
rd is fi	Signature of Amember or authorized representative of a member