## L22000056948

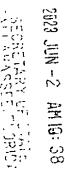
| (Re                     | questor's Name)   |           |
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| (Ad                     | dress)            |           |
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| (Cit                    | y/State/Zip/Phone | : #)      |
| PICK-UP                 | ☐ WAIT            | MAIL      |
| (8u                     | siness Entity Nam | ne)       |
| (Do                     | cument Number)    | <u>u</u>  |
| Certified Copies        | _ Certificates    | of Status |
| Special Instructions to | Filing Officer:   |           |
|                         |                   |           |
|                         |                   |           |
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Office Use Only



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06/02/23--01009--005 \*\*25.00



A. RIVERS

JUL 2 9 2023

## **COVER LETTER**

1 24

P.O. Box 6327

Tallahassee, FL 32314

| TO: Registration Section Division of Corporations                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUBJECT: Cassies Domeste Science 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:                                                                                                                                |
| CASSIE Harrison                                                                                                                                                                                          |
| Name of Person                                                                                                                                                                                           |
| CASSIES Romestal Science LLC                                                                                                                                                                             |
| Firm/Company                                                                                                                                                                                             |
| 5327 Pantation Home way                                                                                                                                                                                  |
|                                                                                                                                                                                                          |
| 1001- orange, F1 32128                                                                                                                                                                                   |
| City/State and Zip Code                                                                                                                                                                                  |
| E-mail address: (to be used for future annual report notification)                                                                                                                                       |
| For further information concerning this matter, please call:                                                                                                                                             |
| Cassie 321, 544.8558                                                                                                                                                                                     |
| Name of Person Area Code Daytime Telephone Number                                                                                                                                                        |
|                                                                                                                                                                                                          |
| Enclosed is a check for the following amount:                                                                                                                                                            |
| \$25.00 Filing Fee  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations                                                                                  |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| <u>Cassines</u> Romes                                                                                                             | Ac Streat UC                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| (Name of the Limited Liability Compa (A Florida Limited)                                                                          | ny as it now appears on our records.) Liability Company)          |
| The Articles of Organization for this Limited Liability Company                                                                   | were filed on Fb 2012 and assigned                                |
| Florida document number <u>L 22 0004 569 4</u> 8                                                                                  |                                                                   |
| This amendment is submitted to amend the following:                                                                               |                                                                   |
| A. If amending name, enter the new name of the limited liab                                                                       | ility company here:                                               |
|                                                                                                                                   |                                                                   |
| The new name must be distinguishable and contain the words "Limited Liabi                                                         |                                                                   |
| Enter new principal offices address, if applicable:                                                                               | 5327 Plantotion Have We                                           |
| (Principal office address MUST BE A STREET ADDRESS)                                                                               | Part orange &1 32128                                              |
|                                                                                                                                   |                                                                   |
| _                                                                                                                                 | C222 012 1 12 12                                                  |
| Enter new mailing address, if applicable:                                                                                         | 5001 Plantshin Home WAY                                           |
| (Mailing address MAY BE A POST OFFICE BOX)                                                                                        | prt ang 81 32128                                                  |
|                                                                                                                                   | 20 N                                                              |
| B. If amending the registered agent and/or registered office                                                                      | address on our records, enter the name of the right projections.  |
| agent and/or the new registered office address here:                                                                              | 200                                                               |
|                                                                                                                                   |                                                                   |
| Name of New Registered Agent:                                                                                                     |                                                                   |
| New Registered Office Address:                                                                                                    |                                                                   |
|                                                                                                                                   | Enter Florida street address                                      |
| <del></del>                                                                                                                       | , Florida                                                         |
| New Registered Agent's Signature, if changing Registered Agent:                                                                   | City Zip Code                                                     |
| I hereby accept the appointment as registered agent and agr                                                                       | ea to get in this connection. I fought an account to the state of |
| 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 p<br>being filed to merely reflect a change in the registered office | provided for in Chapter 605. F.S. Or, if this document is         |
| The registered office                                                                                                             | unaress, i nereby 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> | Address | Type of Action |
|--------------|-------------|---------|----------------|
|              |             |         | □ Add          |
|              |             |         | Remove         |
|              |             |         | Change         |
|              |             |         |                |
|              |             |         | □Remove        |
|              |             |         | Change         |
|              | <del></del> |         | □Add           |
|              |             |         | □Remove        |
|              |             |         | Change         |
|              |             |         |                |
|              |             |         | □ Remove       |
|              |             |         | Change         |
|              |             |         | □Add           |
|              |             |         | □Remove        |
|              |             |         | □ Change       |
|              |             |         | □ Add          |
|              |             |         | □Remove        |
|              |             |         | Change         |

| . If am                  | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)                                |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------|
|                          |                                                                                                                              |
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| -                        |                                                                                                                              |
|                          |                                                                                                                              |
| ii an ci<br><u>Note:</u> | ive date, if other than the date of filing:                                                                                  |
| e recor                  | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| Dated                    | 5/30/2023                                                                                                                    |
|                          |                                                                                                                              |
|                          | Signature of a member or authorized representative of a member                                                               |
|                          | ensse thans                                                                                                                  |
|                          | Typed or printed name of signee                                                                                              |

Filing Fee: \$25.00