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(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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## **COVER LETTER**

	ision of Cor				
SUBJECT:	Mobile Bronzing Goddess LLC				
SOBJECT.	Name of Limited Liability Company				
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Andrea Palmer			
			Name of Person		
		mobile 3	renting Goddess,	LIC	
		611 NW 6th St			
			Address		
		Cape Coral, FL 33993			
			City/State and Zip Code		
		palmerae@comcast.net	to be used for future annual report noti	fication)	
For further i	nformation e	oncerning this matter, please ea			
Andrea Pala	ner		239 333-5556		
	Name o	f Person	at () Area Code Daytim	e Telephone Number	
Enclosed is	a check for th	ne following amount:			
© \$25.00 l	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	₩ \$75.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
	uling Addres		Street Address:		
Registration Section Division of Corporations			Registration Se Division of Co		
D O Doy 6327			The Centre of C	•	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2022 AUG 11 AM 8: 44

(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 02/09/2022 \_\_\_\_ and assigned Florida document number L22000068292 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:

Andrea Palmer Name of New Registered Agent:

611 NW 6th ST New Registered Office Address:

Enter Florida street address

\_\_, Florida 33993 Zip Code Cape Coral

Cirv

## New Registered Agent's Signature, if changing Registered Agent:

Mobile Bronzing Goddess LLC

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.

> Andrea Palmer 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>	Type of Action
AMBR	Andrea Palmer	611 NW 6th ST Cape Coral, Fl 33993	■Add
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Effective data if other than 4	08/08/2022	7 - 27 - 15
Effective date, if other than t If an effective date is listed, the date	nust be specific and cannot be prior to date of filing or more than	(optional) i 90 days after (iling.) Pursuant to 605,0207 (
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requi	rements, this date will not be listed as t
	The partition of the control of the	
e record specifies a delayed effec	tive date, but not an effective time, at 12:01 a.m. on the	earlier of: (b) The 90th day after the
ord is filed.		
00/00/	2002	
Dated	. 2022	
	Andrea Palmer Signature of a member or authorized representative of a me	vryher.
	Signature of a monitor of namotized representative of a like	enance)
Andrea Palmer		
	Typed or printed name of signee	<del></del>

Filing Fee: \$25.00