## R22000079049

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SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS APR 0 6 2022

## **COVER LETTER**

**Registration Section** 

TO:

Div	ision of Cor	porations		
aun icar		In A Pinch LLC		
SUBJECT:		Name of Lin	nited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Michael Dempsey		
			Name of Person	<del></del>
		ZenBusiness Inc.		
			Firm/Company	
		5511 Parkerest Drive Suite	: 103	
			Address	, , , , , , , , , , , , , , , , , , , ,
		Austin, Texas, 78731		
			City/State and Zip Code	
		fulfillment@zenbusiness.co	om to be used for future annual report no	Nifestian)
For further in	nformation c	oncerning this matter, please c	·	mr.catton)
Michael Den	npsey c/o Zo	enBusiness Inc.	844 493-6249	
	Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed is a	check for th	he following amount:		
■ \$25.00 F	filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres gistration S		Street Address: Registration S	ection
Div		Corporations	Division of Co The Centre of	orporations
	lahassee, l			roe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION FILED **OF**

2022 MAR 24 AM 7: 13

Weddings In A Pinch LLC

company has been notified in writing of this change.

SECRETARY OF STATE

(Name of the Limited Liability Company as it now appears of Autrooperas SEE, FL
(A Florida Limited Liability Company)

Florida document number 1.22000079049	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5774 Highway US 1 North
(Principal office address MUST BE A STREET ADDRESS)	[9]
	St.Augustine, FL 32095
Enter new mailing address, if applicable:	5774 Highway US 1 North
(Mailing address MAY BE A POST OFFICE BOX)	19
	St.Augustine, F1, 32095
** **	
Name of New Registered Agent:	Enter Florida street address
	Enter Florida street address
Name of New Registered Agent:	

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	Mark Garrison	5774 Highway US 1 North	□Add
		19	□ Remove
		St.Augustine, FL 32095	<b></b>
AMBR	April Manning	124 Charlotte Street, APT L	_
		St.Augustine, FL 32084	<b>=</b> 0
			□Change
			□Add
			□Remove
			□Remove
			□Change
	<del></del>		□Add
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			□ Add
			□Remove
			□ Change

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ffective date, if other than the an effective date is listed, the date must Note: If the date inserted in this blocument's effective date on the De	t be specific and cannot be prior to do ock does not meet the applicable	(option to of filing or more than 90 days after filing requirements, this contact that the statutory filing requirements is the contact that the statutory filing requirements is the statutory filing requirements.	ling.) Pursuant to 605.0207 (.
record specifies a delayed effective	e date, but not an effective time,	at 12:01 a.m. on the earlier of: (b)	The 90th day after the
	2022	at 12:01 a.m. on the earlier of: (b)	The 90th day after the
record specifies a delayed effective d is filed.  Dated March 17	- 2022		The 90th day after the
record specifies a delayed effective d is filed.  Dated March 17	- 2022		The 90th day after the