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(((H22000328515 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number: I20220000070 Phone : (888)462-3453 : (877)919-2613 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

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EFILE1234@INCFILE.COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NEW BIRTH FASHION & DESIGN LLC

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## **COVER LETTER**

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TO: Registration Division of	Section Corporations *,		8			
		ASHION & DESIGN LLC				
SUBJECT:	Name of Lim	ited Liability Company	·			
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.				
Please return all corre	espondence concerning this matter	to the following:				
	LOVETTE DOBSON	LOVETTE DOBSON				
		Name of Person	<del></del>			
		Firm/Company				
	17350 STATE HWY 249	STE 220				
		Address				
	HOUSTON, TX 77064					
	EFILE1234@INCFILE.CO	City/State and Zip Code M				
	F-mail address: (	to be used for future annual report notif	lication)			
For further information	on concerning this matter, please c	all;				
LOVETTE DOBSON	<b>;</b>	1 888-462-345				
Nai	ne of Person	at () Area Code Daytime	e Telephone Number			
Enclosed is a check f	or the following amount:					
■ \$25.00 Filing Fe	e ☐ \$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)			
P.O. Box	on Section of Corporations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H22000328515 3)))

NEW BIRTH FAS	HION & DESIGN LL	С	
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears d Liability Company)	on our records.)	<del></del> _
The Articles of Organization for this Limited Liability Compar Florida document number	ny were filed on	03/01/2022	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company he	<u>re</u> :	
NEW BIRTH AUTO SPA LLC			
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the de	signation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<u></u>		
			<del></del>
Enter new mailing address, if applicable:		<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our ro	ecords, <u>enter the nar</u>	ne of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Flor	ida street address	
		, Florida	
	Cuy	,	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>nt:</u>		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offi company has been notified in writing of this change.	to performance of is provided for in C	my duties, and Lam hapter 605, F.S. Or	familiar with and , if this document is
WC.	hanging Registered Age	ent. Signature of New R	edstered Avent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H22000328515 3)))

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Remove
			Change
			□Add
			□Remove
			TiChange
			□Remove
			Change
			□Add
			☐ Change
			□Add
			□Remove
			□Change

tame	ending any other information.	, enter change(s) hero	e: Attach additiona	l sheets, if necessary.)	
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Note:	ive date, if other than the date lective date is listed, the date must be so. If the date inserted in this block chent's effective date on the Depart	loes not meet the applic	able statutory filing re	(optional) than 90 days after filing.) Pursi equirements, this date will r	ann so 605,0207 ( not be listed as th
recor d is fi	rd specifies a delayed effective dat iled.	e, but not an effective ti	me, at 12:01 a.m. on t	he earlier of: (b) The 90th	day after the
ated	SEPTEMBER 22nd	. 2022	·		
	Jermains J. Sign				
		minuma a Companyahan ang manala	arized representative at:	i member	
-	Ø Sign	ature of a member of aution	orized representative or c	i incine e	