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(Requ	uestor's Name)	<u> </u>
(Addr	ess)	
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(City/:	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL.
(Busi	ness Entity Nar	me)
(Docu	ıment Number)	
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2022 APR -4 AH IO: 40
SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

	gistration Se ision of Cor				
SUBJECT:	Flames & S				
3033251.		Name of Lim	ited Liability Company		
The enclosed	l Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Laura Woods			
		. .	Name of Person		
		Flames & Suds, Ilc			
			Firm/Company		
		86125 cardinal rd			
			Address		
		Yulee fl 32097			
		City/State and Zip Code			
		Flamesandsudsllc@gmail.co	om to be used for future annual report notif	ication)	
For further i	nformation co	oncerning this matter, please ca			
Tara Lord			904 5830264 at ()		
	Name of	f Person	at () Area Code Daytime	: Telephone Number	
Enclosed is a	a check for th	ne 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 enclose	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT ED TO ARTICLES OF ORGANIZATION AH 10: 40 OF

SECRETARY OF STATE TALLAHASSEE, FL

Flames & Suds, Ilc

(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 Comp.	pany were filed on 3/7/22	and assigned	
This amendment is submitted to amend the following:			
The amenancia is successful to a successful the successful to the			
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 designa	tion "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 registere registered agent and/or the new registered office address Name of New Registered Agent:	<u>here</u> :	records, enter the name of the new	
New Registered Office Address:	Enter Florida sti	vet address	
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Ag	<u>tent:</u>		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete performance of my o r as provided for in Chapt	luties, and I am familiar with and er 605, F.S. Or, if this document is	
īſ	Changing Registered Agent, S	ignature 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
Ambr Laura Woods	Laura Woods	86125 cardinal rd Yulee fl 32097	■ Add
			□ Remove
			☐ Change
			☐ Remove
			☐ Change
		- • · · ·	☐ Remove
			☐ Change
			Remove
			Change
		□ Remove	
			☐ Change
	·····		Add
		Remove	
			☐ Change

ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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an eff l <mark>ote:</mark>	ive date, if other than the date of filing:
rec The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated	3/28/22
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member Aura Woods Typed or printed name of signee
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00