# L22000138454

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Daywash Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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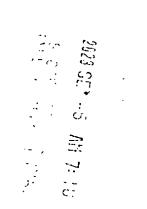
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#### **COVER LETTER**

CUBICCT		RZBURG LLC				
SUBJECT:		Name of Lim	ited Liability Company	<del></del>		
		mendment and fee(s) are sub	_			
	·	ANNA WURZBURG	Ç			
	Name of Person					
		ANNA WURZBURG LLO				
	<u> </u>					
2145 MALIBU LAKE CIR APT 1834						
		<u> </u>	Address			
		NAPLES 34119				
			City/State and Zip Code	<del></del>		
		ANNA.WURZBURG@BRAFITTINGSALON.COM  E-mail address: (to be used for future annual report notification)				
Dan Garataan la				neation)		
		ncerning this matter, please ca				
ANNA WUI			239 3987326 at ()			
Name of Person		at () Area Code Daytim	e Telephone Number			
Enclosed is a	check for the	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)		
<u>Ma</u>	iling Address:		Street Address:			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section
Division of Corporations

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANNA WURZBURG LLC (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 03/21/2022 \_\_\_\_\_ and assigned Florida document number <u>L220001</u>38454 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BRA FITTING SALON LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address

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

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.

City

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:

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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(If an effe Note:	date, if other than the date of filing:
the rec ) The	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
Dated	21/2023
-	in the second se
	Thuc Winzburg
	Signature of a member of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00