L22000146262

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Ĉit	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
	J. HORNE	
	AUG - 4 2022	

Office Use Only



900392100439

900392100439 08/64/22--01008--003 **25.00



2022 AUG -4 AM IO: O3

COVER LETTER

TO:

	stration Se sion of Cor			
	The Main S	ooz LLC		
SUBJECT: _		Name of Lim	ited Liability Company	
The enclosed	Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Susanna Main		
			Name of Person	
		The Main Sooz LLC		
			Firm/Company	
		100 Island Cottage Way, S	uite III	
•			Address	
		Saint Augustine, FL 3208	0	
			City/State and Zip Code	
		themainsooz@gmail.com		
For further in	formation c	E-mail address: (oncerning this matter, please c	to be used for future annual report no all:	tification)
Susanna Mai		oneeg, p	602 628-5532	
	Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling 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)
	ling Addres		Street Address: Registration S	Section
Registration Section Division of Corporations		•	Registration Section Division of Corporations	
P.O. Box 6327		The Centre of	The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Moni	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 AUG -4 AM 10: 03 The Main Sooz LLC SECRETARY OF STATE (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) TALL AHASSEE. FECH The Articles of Organization for this Limited Liability Company were filed on $\frac{3/24/2022}{1}$ and assigned Florida document number ______L22000146262 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." 100 Island Cottage Way, Suite 111 Enter new principal offices address, if applicable: Saint Augustine, FL 32080 (Principal office address MUST_BE A STREET ADDRESS) 100 Island Cottage Way, Suite 111 Enter new mailing address, if applicable: Saint Augustine, FL 32080 (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: Name of New Registered Agent: 100 Island Cottage Way, Suite 111 New Registered Office Address: Enter Florida street address ___, Florida 32080 Zip Code Saint Augustine

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.

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

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			DAdd
			□Remove
,			Change
			□Add
			□Remove
,			□Change
			□Remove
			□ Change
			□Add
		□Remove	
			□Change
		 	🗆 Add
			□Remove
			□ Change

. II ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
_	
-	
-	
_	
	· · · · · · · · · · · · · · · · · · ·
_	
_	
_	
_	
-	
-	
-	
-	<u> </u>
_	
(lf an eff	ve date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
	ent's effective date on the Department of State's records.
the recorecord is fi	is specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	august 1 , 2022.
	ignature of a member or authorized representative of a member
	Susanna Main

Typed or printed name of signee