(Re	questor's Name)	
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Certified Copies	_ Certificates	of Status
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3/15/23 V.W.

FILED 2023 JAN -3 PM 2: 26

## **COVER LETTER**

Registration Section Division of Corporations

TO:

WOOLLY SUBJECT:	STITCHES, LLC		
SUBJEC1:	Name of Lin	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Dillon Andreassi		
		Name of Person	
	WOOLLY STITCHES, L	LC	
		Firm/Company	<del></del>
	500 N. Oleander Ave		
		Address	
	Daytona Beach, Florida 32	2118	
		City/State and Zip Code	<del> </del>
	andreassidillon@gmail.com		
	E-mail address: (	to be used for future annual report noti	fication)
For further information o	oncerning this matter, please c	all:	
Dillon Andreassi		407 7602278 at ( )	
Name o	f Person		e Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 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)
Mailing Addres		Street Address: Registration Sec	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632		The Centre of T	
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

WOOLLY STITCHES, LLC		
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number L22000199573	npany were filed on April 27, 2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		2023
(Principal office address MUST BE A STREET ADDRE	<u></u>	7
		HASSEL D
Enter new mailing address, if applicable:		- E.S. 5.
(Mailing address MAY BE A POST OFFICE BOX)		75
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:  Name of New Registered Agent:	office address on our records, enter the na	me of the new registered
New Registered Office Address:	Enter Florida street address	
	, Florida _	
	City	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent as provisions of all statutes relative to the proper and conaccept the obligations of my position as registered age		r, 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 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Dillon Andreassi	500 N. Olcander Ave, Daytona Beach, Florida 32118	} <b>≅</b> Add
			□ Remove
			Change
			🗆 Add
			🗆 Remove
			Change
			□Add
			□ Remove
			□ Change
			□ Add
			□ Remove
			□ Change
			□ Add
			□ Remove
			Change
			□ Add
			□Remove
			∏Change

<del>,</del>		
an effective date	f other than the date of filing:  listed, the date must be specific and cannot be prior to date of inserted in this block does not meet the applicable staticive date on the Department of State's records.	(optional) filing or more than 90 days after filing.) Pursuant to 605.020 tory filing requirements, this date will not be listed as
record specific Lis filed.	a delayed effective date, but not an effective time, at 12	2:01 a.m. on the earlier of: (b) The 90th day after the
December	22. , 2022	
	llon Andreassi Signature of a member or authorized rep	
	Signature of a member or authorized rep	resentative of a member

. . .

D.

Filing Fee: \$25.00