

L22000243307

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2023 MAR -6 PM 9:17

ALLAHASSEE, FL

FILED

2023 MAR -6 AM 9:26

STATE
TALLAHASSEE, FL

g 3/6/2023

COVER LETTER

• Registration Section
Division of Corporations

SUBJECT: Some Like It Loc'd LLC
Name of Limited Liability Company

Enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Eutima Belford
Name of Person

Some Like It Loc'd LLC
Firm/Company

2727 Apachee Pkwy Suite 407
Address

Tallahassee FL, 32301
City, State and Zip Code

eutima@some-like-it-locd.com
E-mail address (to be used for future annual report notification)

For other information concerning this matter, please call:

Eutima Belford at (850) 509-3193
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
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

FILED

2023 MAR -6 AM 9:26

Some Like It Loc'd LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

STATE
TALLAHASSEE, FL

Articles of Organization for this Limited Liability Company were filed on 5/25/2022 and assigned
document number L22000243301.

This amendment is submitted to amend the following:

If amending name, enter the new name of the limited liability company here:

New name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

If new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS)

2727 Apachee Pkwy Suite 401
Tallahassee FL 32301

If new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
City Zip Code

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
visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and
the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is
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

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R = Manager
R = Authorized Member

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∴ R = Authorized Member

[illegible]

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ated 3/6/23

Signature of a member or authorized representative of a member

Typed or printed name of signee