# L22000269889

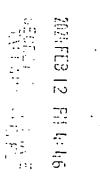
(Requestor's Name)	-
(Address)	
(Address)	
(City/State/Zip/Phone #)	
(City/State/Zip/Prione #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of State	JS
	<del></del>
Special Instructions to Filing Officer:	
	•
· - <del> </del>	





600419637806

11/30/23-+01014--003 \*\*25.08



### **COVER LETTER**

TO: Registration Se Division of Cor		·	
Hello Hello	o, Eskimo!		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing	
	ondence concerning this matter		
	Desirae George		
	-	Name of Person	
	Hello, Eskimo! formerly h	Iello Hello, Eskimo!	
		Firm/Company	7
	9341 Thomas Dukes Cour	ι	737), FEB 12 PH 1: 45
		Address	65
	Jacksonville, FL 32219		2 P
		City/State and Zip Code	
	DesiraeRGeorge@gmail.co		
For further information of	E-mail address: ( concerning this matter, please c	to be used for future annual report πο	tification)
	oncerning this matter, prease e		
Desirae George		904 9622183 at ()	
Name o	of Person	Area Code Daytii	me 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 Address		Street Address:	ection
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monra	oe Street, Suite 810

Tallahassee, FL 32303

#### **COVER LETTER**

Division of Co	orporations			
	ilo, Eskimo!			
SUBJECT:		ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are subt	nitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	Desirae George			
		Name of Person		_
	Hello Eskimo! formerly He	ello Hello. Eskimo!		70% FEB
		Firm/Company		
	9341 Thomas Dukes Court			12 P
	, , , , , , , , , , , , , , , , , , ,	Address		- PH 4-46
	Jacksonville, FL 32219			100 mg
		City/State and Zip Code		_
	DesiraeRGeorge@gmail.co	m		
	E-mail address: (	to be used for future annual report no	otification)	
For further information	n concerning this matter, please c	all:		
Desirae George		904 9622183		
Nam	e of Person	at () Area Code Dayt	ime Telephone Numb	er
	r the following amount:	C \$55.00 Filing Foo &	□ \$60.00	Filina Fee
□ \$25.00 Filing Fee	e S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifi Certifie	icate of Status & ed Copy al copy is enclosed)
			DEC	EIVEN

Mailing Address:

TO:

Registration Section

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

Registration Sections

Division of Corporations

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

Hello Hello, Eskimo!			
(Name of the Limite	ed Liability Compar Florida Limited L	ny as it now appears on our diability Company)	records.) (A
The Articles of Organization for this Limited I	-	y were filed on	June 13, 2022
assigned Florida document number [L2200026]	··		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited lia	bility company here:	
Hello Eskimo! LLC			
The new name must be distinguishable and contain the v	words "Limited Liabi	ility Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	767
			77 FR
(Principal office address MUST BE A STREE	ET ADDRESS)		8
			7
Enter new mailing address, if applicable:		N/A	
			- F 5
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or registered agent and/or the new register	registered office		s, enter the name of the new
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida stree	t address
		· · · · · · · · · · · · · · · · · · ·	Florida
		Cin	Zin Code

#### 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 Changing Registered Agent, Signature of New Registered Agent

## MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
N/A			
		<del></del>	Remove
			□Change
			DAdd
			□Remove
		<del></del>	□Change
		<del></del>	—————————————————————————————————————
			Change S Add
			□Add
			□Add
			□Remove
		<u></u>	Change
		<del> </del>	□Add
			Remove
			Change

N/A				
				<del></del>
			_	
	<u> </u>			
	1,1,1			<u></u>
				<u>) [</u> [7]
				<del>- 3</del>
				-
			;;	
				<u> </u>
			<u>151</u>	1:16
ctive date, if other than the date of filing:  (optional)  effective date is listed, the date must be specific and cannot be ) Note: If the date inserted in this block does not meet the document's effective date on the Department of State's rec	prior to date of filing or applicable statutory	or more than 90 day of filing requireme	rs after filing. ints, this date	) Pursuan e will not
ord specifies a delayed effective date, but not an effective	time, at 12:01 a.m.	on the earlier of:	(b) The 90th	day afte
Dated November 25, 2023.  New Year:	2	of a member		<del></del>
Signature of a member or au	norized representative	of a memoer		

Filing Fee: \$25.00