122000 283393

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FOR OF CARTORATION

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COVER LETTER

TO:	Registration Se Division of Cor			,
	3LLL L.L.C	S	•	
SUBJE	CI:	Name of Limi	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Michael Serrano		
			Name of Person	
		ZenBusiness Inc.		
			Firm/Company	
		336 E. College Ave. Suite	301	
			Address	
		Tallahassee, FL 32301		
			City/State and Zip Code	
		fulfillment@zenbusiness.co	om	
		E-mail address: (to be used for future annual report notif	ication)
For fur	ther information co	oncerning this matter, please ca	all:	
Micha	el Serrano		844 493-6249 at ()	
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclose	ed is a check for th	ne following amount:		
□ \$2:	5.00 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21.11.1.1.1.1.		· .	
(<u>Name of the Lim</u>	(A Florida Limited I	ny as it now appears on liability Company)	our records.)
he Articles of Organization for this Limited lorida document number L22000283393	Liability Company	were filed on $\frac{06-22-2}{}$	2022 and assigned
his amendment is submitted to amend the fol	llowing:		
. If amending name, enter the new name	of the limited liab	ility company here:	
IIII Essentials LLC			
ne new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the design	nation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	icable:	1728 Northeast Miami Gardens Drive	
Principal office address MUST BE A STREET ADDRESS)		Unit 118	
		Miami, FL 33179	
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		1728 Northeas Unit 118	st Miami Gardens Drive
	<u>_</u>	Miami, FL 33179	,
If amending the registered agent and gistered agent and/or the new registered of Name of New Registered Agent:		<u>e</u> :	r records, <u>enter the name of the</u>
	336 E. College	Ave. Suite 301	
New Registered Office Address:		Enter Florida s	treet address
	Tallahassee	e	Florida <u>323</u> 01
		City	Zip 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

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager		
AMBR = Authorized Member		

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Remove
			☐ Change
		<u></u>	
		 	Remove
			□ Change
			Add
			Remove
		<u> </u>	Change
			□ Remove
			Change
			Add
		·	Remove
			Change
			☐ Remove
			Change

). If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an ef Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	July 21
	/s/ Jennifer Alcime
	Signature of a member or authorized representative of a member
	Jennifer Alcime
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00