9/19/22, 2:57 PM

Division of Corporations

Florida Department of State 3 C

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000324396 3)))



H220003243963ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC. Account Number : I20010000062

Phone : (323)962-8600 Fax Number : (323)389-0502

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:				

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

LAVISH-ESSENTIALS LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

SECRETARY OF STATE

AFRAOVED FILED

2025 SE: 13 Pri 4: 05

Electronic Filing Menu

Corporate Filing Menu

Help

CEP 20 2022

COVER LETTER

TO: Registration Sec Division of Corp			
	SENTIALS LLC		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of A	unendment and fee(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
	Cheyenne Moseley		
		Name of Person	
	Legalzoom.com, Inc.		
		Firm/Company	
	101 N Brand Blvd 11th Fl		
		Address	
	Glendale, CA 91203		
	 	City/State and Zip Code	
	sharene0810@gmail.com		_
	E-miii address: (t	o be used for future annual report no	tification)
For further information co	neerning this matter, please ca	11:	
Cheyenne Mosekey		800 773-0888 at ()	
Name of	Person	Area Code Daytii	ne Telephone Number
Enclosed is a check for th	e 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 realissed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

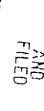
LAVISH-BSSENTIALS LLC		
Name of the tim	ited Liability Company as it now ap (A Florida Limited Liability Compa	deres of the residen
The Articles of Organization for this Limited I Florida document number 1.22000297939	iability Company were filed on	07/01/2022 mnd assigned
This amendment is submitted to amend the fol	lowing:	
A. If amonding name, enter the new name	of the limited liability compan	y here:
The new name must be distinguishable and contain the	words "Limited Liability Company,"	he designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX	
B. If amending the registered agent and registered agent and/or the new registered of	Vor registered office address	on our records, enter the name of the t
Name of New Registered Agent:	Sharene L Salley	
New Registered Office Address:	61 Cordona Dr., Apt G	
	Enser	Floridu street address
	Kissimmee	Florida 34758
	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, Sturfiture of New Registered Agent

Page 1 of 3



To:

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

Title	<u>Name</u>	Address	Type of Action
AMBR	SALLEY, FREDERICK T		Add
		61 CORDONA DR. APT G KISSIMMEE, FL 34758	■ Remove
			Change
			Add
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
	•		☐ Change
			□ ∧dd
			□ Remove
			☐ Change

Note	tive date, if other than the date of filing: (optional) (fective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
he re Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	September 14. 2022 Narene Salley
	Marene Salley
	Signature of a member or authorized representative of a member
	\mathcal{O}

Page 3 of 3

Filing Fee: \$25.00