122000323300

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

O: Registration Sec Division of Corp			•	
UBJECT:	Marmod Name of Limite	ed Liability Company	LC	
The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.		
lease return all correspon	ndence concerning this matter to	the following:		
	Werdi ACM 173 F Werdif E-mail address: (to	Name of Person Firm/Company Address City/State and Zip Code be used for future annual report no	on origination	37
or further information co	oncerning this matter, please cal	1:		
Wlwh-	Torsuson Person	at Area Code Dayti	me Telephone Number	
inclosed is a check for th	e following amount:		& S60 00 Filing Fee. Pol.	/
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee &: Certified Copy (additional copy is enclosed)	S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration S Division of C	section orporations	Street Address: Registration S Division of Co The Centre of	orporations	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



October 26, 2023

WENDI FERGUSON 173 RUCKEL DR. DEFUNIAK SPRINGS, FL 32433

SUBJECT: A CHARMED NEST L.L.C.

Ref. Number: L22000323300

We have received your document for A CHARMED NEST L.L.C. and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan Regulatory Specialist III

1 1 3 0 2023

Letter Number: 423A00024957

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

lew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

f 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>Γitle</u>	Name	Address	Type of Action
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e date, if other than the date of filing:	optional (optional 90 days after filing	g.) Pursuant t	o 605.020
the date inserted in this block does not meet the applicable statutory filing requit's effective date on the Department of State's records.	irements, this date	e will not be	e fisted as
pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the	earlier of: (b) T	he 90th day	/ after the
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