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Office Use Only





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COVER LETTER

Registration Section

TO:

Division of Cor	porations				
LINDAS B	AGS LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	ANDRES HURTADO				
		Name of Person	-		
	PRODEZK INC				
		Firm/Company			
	848 BRICKELL AVE STI	E 950			
		Address			
	MIAMI, FLORIDA, 3313	1		22 22	
		City/State and Zip Code		22 SEP	
	INFO@PRODEZK.COM			25 S	
	E-mail address: (to be used for future annual report not	ification)	P#	
For further information c	oncerning this matter, please c	all:		26 PM 1: 05	
ANDRES HURTADO		+1 786977942 at ()	1	05	
Name o	f Person		ne Telephone Number	_	
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Cop (additional copy	Status & y	
Mailing Addres Registration S	Section	<u>Street Address:</u> Registration Se			
Division of Corporations P.O. Box 6327		Division of Co The Centre of	•		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LINDAS BAGS LLC (Name of the Limited Liability Company as it now appears or	our records.)
(Name of the Limited Liability Company as it now appears or (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 08/30/	2022 and assigned
Florida document number L22000381398	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	F 88
	26
Enter new mailing address, if applicable:	P Res
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	35
B. If amending the registered agent and/or registered office address on our reco	rds, enter the name of the new regis
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida	street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	LINDA K. MATHE	848 BRICKELL AVE STE 950	
		MIAMI, FLORIDA 33131	■Remove
			Change
			□Add
			□Remove
			☐Change ☐Change ☐ 22 Shidd ○ 5
			DRemove
			□Remove
			[] Change
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fective date, if other than the da in effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Depa	does not me	eet the applic	able statutory	g or more than y filing requir	(option 90 days after fil ements, this c	al) ling.) Pursuant late will not b	to 605,0207 be listed as
ecord specifies a delayed effective da	ite, but nota	in effective ti	ime, at 12:01	a.m. on the e	arlier of: (b)	Toe 90th da	y after the
is filed.	,	2022	·				
is filed. SEPTEMBER 19TH No. 100 Significant Signifi		2022					