

L22000435800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

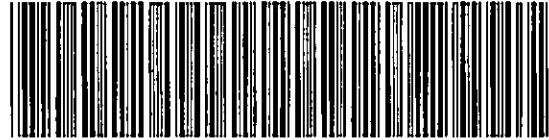
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SIT N PRETTY CF LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jonathan Joseph

Name of Person

SIT N PRETTY CF LLC

Firm/Company

3285 SE PINTO ST

Address

Port Saint Lucie FL

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathan Joseph

Name of Person

at (786) 469 0846

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SIT N PRETTY CF LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/10/22 and assigned
Florida document number L22000435800

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 designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Jonathan Joseph

New Registered Office Address: 3285 SE PINTO ST

Enter Florida street address

PORT SAINT LUCIE, Florida 34984

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, 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>	<u>Address</u>	<u>Type of Action</u>
CEO	PETRA MAYFIELD	3285 SE PINTO ST	<input type="checkbox"/> Add
		PORT SAINT LUCIE FL	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
CFO	JONATHAN JOSEPH	3285 SE PINTO ST	<input type="checkbox"/> Add
		PORT SAINT LUCIE FL	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Jonathan Joseph	3285 SE Pinto St	<input checked="" type="checkbox"/> Add
		Port Saint Lucie FL 34984	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Petra Mayfield	3285 SE Pinto St	<input checked="" type="checkbox"/> Add
		Port Saint Lucie FL 34984	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

We are changing the principle agent of the company from Petra Mayfield

to Jonathan Joseph. We are also amending the percentage of ownership

to Jonathan Joseph owning 50% shares and Petra Mayfield

owning 50% Shares. All other aspects remain the same.

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Filing

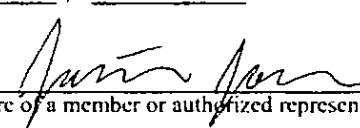
E. Effective date, if other than the date of filing: 12/14/2022 (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated December 16th, 2022.



Signature of a member or authorized representative of a member

Jonathan Joseph

Typed or printed name of signee