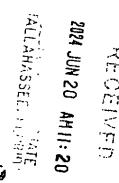


(Requestor's Name)
(Address)
(lesiess)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Octanica copies
Special Instructions to Filing Officer:
11 M115





(6)/21/24 -019/4 (504 (6)/4)(





COVER LETTER

10:	Registration Sco Division of Corp			
SUBJE	cr: Sou l	hern Peach B	boudoir LLC	
		Name of Lim	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:	
		Jacob m	Name of Person	
			Name of Person	
			Firm/Company	
			Address	·
			City/State and Zip Code	
		5 7 1		
C C	.t		to be used for future annual report no	tification)
FOR TUR	ther information c	oncerning this matter, please c	all:	
	Jacob n	1 oren o	at (850) 510	-0354
	Name o	f Person	Area Code Daytii	me Telephone Number
Enclose	ed is a check for th	ne following amount:		
C \$2	5.00 Filing Fcc	S30.00 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 Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Se Division of Co The Centre of 2415 N. Monre	orporations

Tallahassec, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Southern Yeach		,
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our reco da Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability	Company were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the line There And Back Again The new name must be distinguishable and contain the words "L		LC" or the abbreviation L.L.C.
Enter new principal offices address, if applicable:		ò
(Principal office address MUST BE A STREET ADI	ORESS)	5 5
		- <u>12</u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	•	
B. If amending the registered agent and/or register agent and/or the new registered office address here		er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ada	lress
	City	Florida 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>	Name	Address	Type of Action
			🖸 Add
			🗆 Remove
	•		□ Change
			□Add
.:			□Remove
			□ Change
			□ Remove
			□Change
			□Add
		·	□Remove
	·	<u> </u>	□Change
			□Remove
			Change
	··-	 	
			□ Remove
			□ Change

lf an ei <u>Note:</u>	tive date, if other than the date of filing: [Coptional] Tective 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 (2) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
ne reco ord is f	rd 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 iled.
Dated	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00