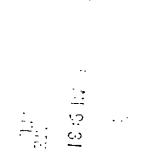
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Special Instructions to Filing Officer:
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Office Use Only

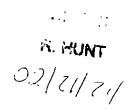


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TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-624 Please use funds from this account: 12021000160: \$60.00
Authorization Signature: 
Ernestine Bundles of Joy LLC | L22000448252
Business | Document # \_\_\_ Pick up time\_\_\_\_ Walk in Mail out Will wait X Certified copy of articles \_X\_\_ Certificate of Status **AMMENDMENTS NEW FILINGS** X Amendment Profit \_\_ Not for Profit Resignation of R.A. Officer/Director \_ Change of Registered Agent \_\_Limited Liability Dissolution/Withdrawal Domestication \_\_Other \_\_\_\_ Merger \_\_\_ CORP \_\_\_ Conversion **OTHER FILINGS REGISTERATION/QUALIFICATIONS** \_\_\_ Foreign filing Annual Report \_\_\_Limited Partnership Fictitious Name Reinstatement \_\_\_\_ APOSTIL \_\_ Other

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

EXAMINER'S INITIALS:\_\_\_

## **COVER LETTER**

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ing Fee, e of Status & Copy copy is enclosed)
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Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Emestine Bundles of Joy Investments LLC	
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	urs on our records.)
he Articles of Organization for this Limited Liability Company were filed on 10	0/18/2022 and assigned
Torida document number 1.22000448252	
This amendment is submitted to amend the following:	
4. If amending name, enter the new name of the limited liability company h	ierę:
The new name must be distinguishable and contain the words "Limited Liability Company," the	designation "L.L.C." 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)	
	?'
<del></del>	. <del></del> ω
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	records, enter the name of the new regis
Name of New Registered Agent:	
New Registered Office Address:	
Enter FI	orida street address
	, Florida
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>	Name	Address	Type of Action
AMBR	Carmela Ross	7420 NW 9th Street	∄Add
		Plantation, FL 33317	□Remove
AMBR	Camomi Green	7420 NW 9th Street	<b>=</b> Add
		Plantation, FL 33317	□Remove
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ective date, if other than the dat effective date is listed, the date must be le: If the date inserted in this block untent's effective date on the Depar	te of filing: specific and cannot be pri does not meet the appl timent of State's record	or to date of filing or mor icable statutory filing is.	(option e than 90 days after fil requirements, this d	al) ing.) Pursuant to ate will not be	605.020 listed as
cord specifies a delayed effective da filed.	te, but not an effective	time, at 12:01 a.m. on	the earlier of: (b)	The 90th day a	ifter the
ed February 10	2024				
- COUNTY	L. Kr. Och Or or auti	norized representative of	a member		-

Filing Fee: \$25.00