# L23000058868

(Requestor's Name)
(Address)
(Adcress)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certificates of Status
PA Signature

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ALL FLOOR 2 U LLC	<del></del>
Please Debit 120000000257 For: 25	
Thank you Seth Neeley	
1-4-1	
- All	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art, of Amend, File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
,	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
Signature	Vehicle Search
	Driving Record
Requested by: SETH 05/01	UCC 1 or 3 File
	UCC 11 Search
Name Date Time	UCC I! Retrieval
Walk-In Will Pick Up	Courier

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COVER LETTER

TO: Registration S Division of Co			
	OR 2 U LLC	·	
SUBJECT:	Name of Limi	ited Liability Company	
The anglesed Articles of	`Amendment and fee(s) are sub-	mitted for filing	
Please return all corresp	ondence concerning this matter	to the following:	
	SIMONE HUTTER		
	<del></del>	Name of Person	
	HUTTER ACCOUNTING	AND CONSULTING SERVICES LI	LC
	-	Firm/Company	
	2295 S HIAWASSEE RD	SUITE 205	
		Address	
	ORLANDO 32835		
		City/State and Zip Code	
	DOCS@HUTTERACC.CO	M  to be used for future annual report notifica	tion\
To the state of the second		·	noir)
	concerning this matter, please co	all:	
SIMONE HUTTER		407 300-1088 at ()	
Name	of Person	Area Code Daytime To	elephone 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)
<u>Mailing Addre</u> Registration		Street Address: Registration Section	งท

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

7722 . -

ALL FLOOR 2 U LLC	ω(έ,	17:7 27 PH 2:41
( <u>Name of the Limited Liability Compa</u> (A Florda Limited)	ns as it now appears on our records. liability Company)	)
The Articles of Organization for this Limited Liability Company lorida document number <u>L23000058868</u>	•	and assigned
his amendment is submitted to amend the following:		
<b>5</b> .		
•	ility company here:	
•	ility company here:	
a. If amending name, enter the new name of the limited fiab	· · · · · · · · · · · · · · · · · · ·	or the abbreviation "L.L.C."
A. If amending name, enter the new name of the limited fiab  The new name must be distinguishable and contain the words "Limited Liabi  Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
A. If amending name, enter the new name of the limited liab  the new name must be distinguishable and contain the words "Limited Liabi  Enter new principal offices address, if applicable:	ity Company," the designation "LLC"	
A. If amending name, enter the new name of the limited liab  the new name must be distinguishable and contain the words "Limited Liabi  Enter new principal offices address, if applicable:	ity Company," the designation "LLC" 2295 S HIAWASSEE RD SUIT	
A. If amending name, enter the new name of the limited liab  the new name must be distinguishable and contain the words "Limited Liabi	ity Company," the designation "LLC" 2295 S HIAWASSEE RD SUIT	E 205

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:

HUTTER ACCOUNTING AND CONSULTING SERVICES LLC Name of New Registered Agent: 2295 S HIAWASSEE RD SUITE 205 New Registered Office Address: Enter Florida street address , Florida 32835 Zip Cock ORLANDO

### 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

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If amending Authorized rerson(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
			□Add
			□Remove
			DChange
<del>.</del>			□Add
			□Remove
			□Change
	·		□Add
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Effective data if other than the data	e of filing: (ontional)
Milechye dale. D buller inan the dali	te of filing: (optional) specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
f an effective date is listed, the date must be s	
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Note: If the date inserted in this block of	does not meet the applicable statutory filing requirements, this date will not be listed as
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Note: If the date inserted in this block of document's effective date on the Depart ne record specifies a delayed eff	does not meet the applicable statutory filing requirements, this date will not be listed as timent of State's records.  fective date, but not an effective time, at 12:01 a.m. on the earlier o
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Filing Fee: \$25.00