## L23000059319

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## **COVER LETTER**

Tallahassee, FL 32314

	ration Second	ction porations		
	andy Doe:	s It LLC		
SUBJECT:		Name of Lim	nited Liability Company	<u> </u>
The enclosed Ar	rticles of a	Amendment and fee(s) are sub	emitted for filing.	
Please return all	correspon	ndence concerning this matter	to the following:	
		Danielle N. Faulk		
			Name of Person	
		Dandy Does It LLC		
		<del> </del>	Firm/Company	
		157 Overlook Dr.		
			Address	<del></del>
		Pensacola, FL. 32503		202 SE
			City/State and Zip Code	3 00 E
		dandydoesitall@gmail.com	to be used for future annual report notification)	_ <sup>2</sup> / <sub>2</sub> / <sub>3</sub> 3
For further infor	mation co	oncerning this matter, please ca	·	1023 OCT 31 AH 10: 29 SECKETARY OF STATE TALLAHASSEE, FL
Danielle N. Fau	lk		850 341-9129 at ( )	IO: 2 STAT E, FL
	Name of	Person	Area Code Daytime Telephone Num	nber 📆 🕨
Enclosed is a che	eck for th	e following amount:		
□ \$25.00 Filin	ng Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certif (additional copy is enclosed) Certif	Filing Fee, Teate of Status & Ted Copy onal copy is enclosed)
	g Address tration S		Street Address: Registration Section	
~		orporations	Division of Corporations	
	30x 632		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabili	ity Company as it now appears on ou	r records )
(A Florid	a Limited Liability Company)	records.
The Articles of Organization for this Limited Liability C Florida document number L23000059319	Company were filed on February	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SERVING SEE FL
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records.	, <u>enter the name of the new registered</u>
Name of New Registered Agent:		<del> </del>
New Registered Office Address:	Enter Florida stree	ot address
	imer i muuniee	
	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>	<u>Name</u>	Address	Type of Action
AMBR	Brandy E. Clark	7519 Klondike Rd.	□Add
		Pensacola, FL. 32526	■Remove
			□Change
			□Add
			Remove
			SECTION COLLARS
			ART OF STATE Of ange
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October 18th 2023				
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