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DEPARTMENT OF STATE OF STA

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COVER LETTER

Registration Section

TO:

Division of Corporations 5 Sacred Collective LLC SUBJECT: 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: Monica Steytler Name of Person Firm/Company 7391 S Waterway Drive Address Miami, FL 33155 City/State and Zip Code monica.steytler@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Monica Steytler Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, ☐ \$30.00 Filing Fee & \$25.00 Filing Fee Certificate of Status & Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ARTICLES OF OR	RGANIZATION	2023 023 04718
OF		
Sacred Collect	ive LLC	OCT -5
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	FERROR A
The Articles of Organization for this Limited Liability Company w	ere filed on 2/14/2023	TOF STATE AND ASSIGNED
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili		
The new name must be distinguishable and contain the words "Limited Liabilit	y 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 a agent and/or the new registered office address here:	ddress on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	da
	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>	Address	Type of Action
MGR	Ian Woodson	15004 SW 168 terrace, Miami, FL 33187	🗏 Add
			□Remove
			Change
			□Add
			Remove
			Change
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			E Remove
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. If amending any other information, enter change(s) here: (Attach additional shee		
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than South Note: If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records.	(optional) 00 days after filing.) Pursuant to 605. ements, this date will not be liste	.0207 (3)(led as the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the eacord is filed.	urlier of: (b) The 90th day after	the
Dated September 12,		
Mond	AL	
Signature of a member or authorized representative of a men Monica Steytler	noer	

Typed or printed name of signee