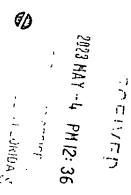
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Copies Certificates of Status
31 instructions to Filing Officer;
J. HORNE
MAY - 4 2023
Office Use Only



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Registration Section
Division of Corporations
The Center of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

To whom it may concern,

4-21-2023

We, Lisa Sherman Barnes and Anthony J Barnes, Agent and MGR respectively of Raggamuffin International, give Kaleb Simmons permission to act on our behalf to make elective changes to Raggamuffin International LLC #L23000129407

An amendment was submitted by mail and on April 14, 2023. We were advised by Sunbiz to submit changes in person and to make known that this amendment superceeds the one that was mailed in. Please void the amendment submitted by mail.

Thank you,

Anthony J Barnes

Lisa Sherman Barnes

Notary

CAROLINA MURCIANO Notary Public, State of Florida Commission# HH 361439 My comm. expires Feb. 12, 2027

## **COVER LETTER**

TO:

Tallahassee, FL 32314

	fin International		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Lisa Sherman Barnes		
		Name of Person	· -
	Name of Limited Liability Company  osed Articles of Amendment and fee(s) are submitted for filing.  turn all correspondence concerning this matter to the following:  Lisa Sherman Barnes  Name of Person  Firm/Company  8814 NW 49th Drive  Address  Coral Springs. FL 33067  City/State and Zip Code  Lisabreggae@gmail.com  E-mail address: (to be used for future annual report notification)  er information concerning this matter, please call:  rman Barnes  at (		
	8814 NW 49th Drive		
		Address	
	Coral Springs, FL 33067		
	<del>_</del> _		(Gestion)
For further information of		•	meanony
Lisa Sherman Barnes			
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	<del></del>	Certified Copy	Certificate of Status & Certified Copy
			ection
Division of C P.O. Box 632	Corporations	Division of Co The Centre of	rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Raggamuffin International

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Con Florida document number <u>L23000129407</u>	mpany were filed on 3-13-2023	and assigned
This amendment is submitted to amend the following:	<del>-</del> '	
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	<del></del>
Page and the state of the Page 1.		
Enter new mailing address, if applicable:	<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered or agent and/or the new registered office address here:	office address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	ss
	. F)	orida
	Ciņ	oridaZip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I harahy account the approintment as registered execut as	nd agree to get in this conceits. I fe	outhou arrage to comply with the

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

**G**A

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	Lisa Sherman Barnes	8814 NW 49th Drive	■Add
		Coral Springs, Florida 33067	□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			🗀 Add
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$\underline{\cdot}$ If the date inserted in	han the date of filing date must be specific and in this block does not in on the Department of S	neet the applicabl	le statutory filing re	(optional) than 90 days after filing.) equirements, this date	Pursuant to 605.020 will not be listed a
ord specifies a delayed filed.	effective date, but not	an effective time	e, at 12:01 a.m. on t	he earlier of: (b) The	: 90th day after th
1 May 4+	x () () (	. JU23_			
	(X V-)				
	anature of a r	member or authoriz	ed representative of	member	