L23000137267

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COVER LETTER

	tion Section of Corporations		
	'S GET LASHY, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Artic	cles of Amendment and fee(s) are sub	bmitted for filing.	
Please return all co	orrespondence concerning this matter	r to the following:	
	Malinda M Adams		
		Name of Person	-
		Firm/Company	-
	6858 Eastbrook Dr.		2023 APR
		Address	165
	Spring Hill, FL 34606		1 O
		City/State and Zip Code	PH 3: 07
	letsgetlashy22@gmail.com	(to be used for future annual report notification)	
For further inform	n-mail address:		· 15
Nicholas Adams		815 543-5465	
	Name of Person	at ()Area Code Daytime Telephone Numbe	т
Enclosed is a chec	ck for the following amount:		
■ \$25.00 Filing	Fee S30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	ate of Status &
Mailing A	Address: ation Section	Street Address: Registration Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LET'S GET LASHY, LLC (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 Company were filed on March 17, 2023 and assigned Florida document number _ L23000137267 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 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

A Company

<u>Title</u>	<u>Name</u>	Address	Type of A	<u>Action</u>
MGR	Malinda M Adams	6858 Eastbrook Dr.	= Add	
		Spring Hill, FL 34606	□ Remo	ove
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			□Add	
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D. If amending any other informa	ation, enter change(s) here: (Attach addition	al sheets, if necessary.)
		····
-		
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E. Effective date, if other than the	April 1, 2023	(optional)
(If an effective date is listed, the date mu	e date of filing:	e than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this h	slock does not meet the applicable statutory filing	requirements, this date will not be listed as the
document's effective date on the I	epartment of State's records.	
If the record specifies a delayer (b) The 90th day after the re-	ed effective date, but not an effective tir	ne, at 12:01 a.m. on the earlier of:
(b) The soci day after the re-	cord is filed.	<u>~</u>
March 28	2023	023
Dated		2023 APR
	\mathcal{M} .	=====================================
	Signature of a member or authorized representative o	f a member
	organization a memoral or authorized representative of	ra memoer
Malinda M Adams		
	Typed or printed name of signee	