L23000141195

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Eddinious Chini, France)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:





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COVER LETTER

TO: Registration Se Division of Cor			
Get Foam'd	*		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Matthew Ellis		
		Name of Person	
	Get Foam'd Up, LLC		
		Firm/Company	
	17307 Pagonia Dr Ste 105		2023
		Address	70
	Clermont, FL 34711		023 APR 17
	 	City/State and Zip Code	FH 3: 2
	getfoamdup@gmail.com		<u>్లోల</u> ట
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report notificat	ion) Tai 23
	oncerning this matter, prease c		
Matthew Ellis		352 2239899 at ()	
Name o	f Person	Area Code Daytime Te	lephone Number
Enclosed is a check for the	he 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)
Mailing Addres Registration 9		Street Address: Registration Section	n
Division of C		Division of Corpor	ations
P.O. Box 632		The Centre of Talla	
Tallahassee, l	rl 32314	2415 N. Monroe St	ireet. Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our	records.)			
(A Florida Limited L	naonity Company)				
ne Articles of Organization for this Limited Liability Company were filed on March 20, 2023					
Florida document number L23000141195					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabi	lity company here:				
he new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designatio	n "LLC" or the abbre	viation "L.L.C."		
-	··,··•, -··, · ·····g·····				
Enter new principal offices address, if applicable:			20 23 3		
Principal office address MUST BE A STREET ADDRESS)			794 Gr 44)		
			PA T		
		•	<u> </u>		
Inter new mailing address, if applicable:		. ,	<u> </u>		
Mailing address MAY BE A POST OFFICE BOX)		\$1 co ===1	ربي البيعة		
		LH	23		
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our records,	enter the name o	f the new regis		
Name of New Registered Agent:			· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:					
	Enter Florida street	t address			
		, Florida			
	Ciņ		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>	<u>Address</u>	Type of Action
MGR	Ashley R Ellis	1752 Southern Oak Loop Minneola, FL 34715	
			Remove
			□Change
			□Add
			□Remove
		7-	□ Change
			Remove
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