

L23000152413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

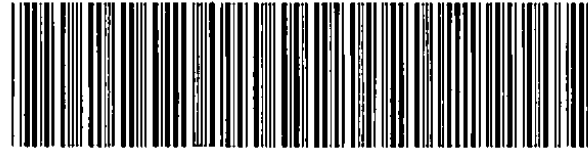
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2024 NOV 18 PM 3:56
CLERK OF COURT
STATE OF TEXAS

Registration Section
Division of Corporations

SUBJECT: Earbobs by Barbara LLC
Name of Limited Liability Company

Enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barbara D. Retzer
Name of Person

The Goofy Tooth Market LLC
Firm/Company

1717 Palm Aire Drive
Address

Lady Lake, FL 32159
City/State and Zip Code

goofytoothmarket@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara Retzer at (912) 484-2374
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Earbobs by Barbara LLC

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

FILED
2024 NOV 18 PM 3:56
ESTATE
CLERK
FLORIDA

Articles of Organization for this Limited Liability Company were filed on 3/25/23 and assigned
document number L23000152473

amendment is submitted to amend the following:

If amending name, enter the new name of the limited liability company here:

The Goofy Tooth Market, LLC

New name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

If new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS

If new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

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

City

Florida

Zip Code

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
understand 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

amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Effective date, if other than the date of filing: _____ (optional)

If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the document is filed.

dated 11/10/24, _____

Barbara D. Retzer

Signature of a member or authorized representative of a member

Barbara D. Retzer

Typed or printed name of signee