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(Requestor's Name)
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(Business Entity Name)
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## **COVER LETTER**

TO:

Tallahassee, FL 32314

	Registration Se Division of Cor			
eun iez	ARTDOBA			
SUBJEC	JT:	Name of Limi	ted Liability Company	<u> </u>
The encl	osed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		WILSON GARCIA		
			Name of Person	
		NATS FINANCIAL ACCO	OUNTING & TAX SERVICE	
			Firm/Company	*
		PO BOX 557127		
			Address	<del>-</del> _
		MIAMI, FLORIDA 33255		
			City/State and Zip Code	
		WILSON@NATSACCOU	NTING.COM	
		E-mail address: (t	to be used for future annual report not	ification)
For furth	er information c	concerning this matter, please co	ill:	
WILSO	N GARCIA		305 2819124	
	Name o	of Person	at () Area Code Daytin	ne Telephone Number
			e on'A son Amada	
			= Paid, see Attach.	_
□ \$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		Street Address:	ar
Registration Section Division of Corporations P.O. Box 6327		Registration Se Division of Co		
		The Centre of	-	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTDOBA 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 \_\_\_\_\_\_ and assigned Florida document number L23000178902 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ARTDOBA STYLE LLC 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) N/A 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: N/A Name of New Registered Agent: N/A 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.

N/A	
If Changing Registered Agent, Signature of New Registered Agent	

\_\_\_, Florida \_\_\_

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
		N/A	
			Remove
			Change
		N/A	□Add
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N/A	
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Note: If the date	fother than the date of filing:  O4/15/2024  (optional)  slisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (1 inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the live date on the Department of State's records.
record specifies d is filed.	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
April 15	2024
	Signature of a member or authorized representative of a member
MARI	AJIMENA INZARRALDE
	Typed or printed name of signee

Filing Fee: \$25.00