## 123000180627

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

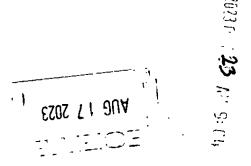
Office Use Only



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S. FRANKLIN UUT 2 2023



## **COVER LETTER**

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Copy copy is enclosed)

\* cneck mailed from bank directly\*

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

. / .

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Li	5 Ano	nymous	Limited	<u>Liabi</u> lity Compa	
(A F)	lorida Limited Lial	oility Company)	our records.)	V	
The Articles of Organization for this Limited Liabili	ity Company we	ere filed on 4/12	12023	and assigned	
Florida document number L 23000 180	<u>627</u>				
This amendment is submitted to amend the following	g:				
A. If amending name, enter the new name of the	limited liabilit	y company here:			
		Let Love		nymous LL	
The new name must be distinguishable and contain the words	"Limited Liability	Company," the designa	ation "LLC" or the al	obreviation "L.L.C."	
Enter new principal offices address, if applicable	:	NIA			
(Principal office address MUST BE A STREET ADDRESS)		NIA			
	_	NIA	<u> </u>	2	
				123 (	
Enter new mailing address, if applicable:	_	NIA		· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE BOX	2	NIA		్ ట	
	_	NIA			
				Ö	
B. If amending the registered agent and/or regist agent and/or the new registered office address he	ered office add re:	lress on our record	is, <u>enter the nan</u>	ne of the new registered	
Name of New Registered Agent:	NIA				
New Registered Office Address:	NIA				
		Enter Florida sti	treet address		
<u>-</u>	NIA		, Florida		
		City		Zip Code	
New Registered Agent's Signature, if changing Regist	tered Agent:				
I hereby accept the appointment as registered ago provisions of all statutes relative to the proper an accept the obligations of my position as registere	id complete pe	rformance of my a	luties, and I am	familiar with and	

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.

NIA

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>	Name	Address	Type of Action
AMBR	Kaytel Flech	462 mulberry Grove Rd	□∧dei
		Royal Palm Beach, FL 33411	Network
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			□∧dđ
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e date, if other tive date is listed, t I the date inserted at's effective date	he date must be s I in this block d	pecific and canno loes not meet th	it be prior t ie applica	o date of filing	g or more	than 90 day	rs after filin	ig.) Pursuant to
specifies a delayed.	ed effective date	e, but not an ef	fective tin	ne, at 12:01	a.m. on t	he carlier	of: (b)	The 90th day
<u></u>	)	<u> </u>	<del>2023</del>	_·				
		. 9	Pri	has				
	Signa	iture of a member	r or author	ized represen	tative of a	member		



September 13, 2023

STEPHANIE BISHOP 462 MULBERRY GROVE RD ROYAL PALM BCH, FL 33411 US

SUBJECT: ART LOVERS ANONYMOUS, LIMITED LIABILITY COMPANY

Ref. Number: L23000180627

We have received your document for ART LOVERS ANONYMOUS, LIMITED LIABILITY COMPANY and your check(s) totaling S. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

Letter Number: 623A00021097

RECEIVED
OCT 2 3 2023