

L23000199694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

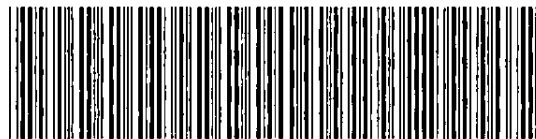
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/07/23--01002--00L *\$25.00

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DIVISION OF CORPORATIONS
2024 JAN 19 PM 3:11

45
1/19/23



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 31, 2023

SHELIA L. ADAMS
1819 SONRISA STREET
RIVIERA BEACH, FL 33404

SUBJECT: SHE-SHE HOME DECOR LLC
Ref. Number: L23000199694

We have received your document for SHE-SHE HOME DECOR LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6053.

Yvette Scott
Supervisor

Letter Number: 923A00017203

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: She-She Home Decor LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Shelia L Adams

Name of Person

She-She Home Decor LLC

Firm/Company

1819 Sonrisa Street

Address

Riviera Beach FL 33404

City/State and Zip Code

sheilaladams62@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sheila Adams

Name of Person

at (561) 628-4113

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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

She-She Home Decor 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 May 5th 2023 and assigned
Florida document number L23000199694.

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)

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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:

Shelia L Adams

New Registered Office Address:

1819 Sonrisa Street

Enter Florida street address

Riviera Beach

City

Florida 33404

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>	<u>Type of Action</u>
MGR	Shelia L Adams	1819 Sonrisa Street	<input checked="" type="checkbox"/> Add
		Riviera Beach FL 33404	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Sheila L Adams	1819 Sonrisa Street	<input type="checkbox"/> Add
		Riviera Beach FL 33404	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

My name was spelled incorrectly on the application, so I am only correcting the name

from Sheila L. Adams to the correct spelling Shelia L. Adams

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E. Effective date, if other than the date of filing: 12-28-2023 **(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 the 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 record is filed.

Dated 12-28-2023



Signature of a member or authorized representative of a member

Shelia L. Adams

Typed or printed name of signer