# L23000282496

(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



400417276664

10/12/23--01008--012 \*\*25.00



V#

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 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:
CAMINA LUMBERT Name of Person
NATIVE GIVL CHAPTERS LLC Firm/Company
915 10 <sup>th</sup> 57. N
City/State and Zip Code  LUMBerT CAN'II-eC g. Wa.'L. Co. M  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CAMILLE LUMBOUT at 239 351-3996 Name of Person Area Code Daytime Telephone Number
Englosed is a check for the following amount:
\$25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status 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

(Name of the Limited Liability (A Florida Li	GIF ( Company a imited Liabi	s it now a	ppears on any)	TEP 5 our records	<u>L</u>	LC	<u></u>	
The Articles of Organization for this Limited Liability Com Florida document number <u>4230002f</u> 2	npany wer 196	re filed o	n <u>-6/</u>	12/200	23	a	nd assi	gned
This amendment is submitted to amend the following:								
A. If amending name, enter the new name of the limited	<u>d ljability</u>	compa	ny here:					
The new name must be distinguishable and contain the words "Limited				<del></del>		>,	202	
The new name must be distinguishable and contain the words "Limited	d Liability C	ompany,"	the design	ation "LLC"	or the ab	<del>b</del> reviat	io <b>ia</b> ZL.L	C."
Enter new principal offices address, if applicable:	_					. <u>.</u> :> <del>:-</del>	<del>=</del>	<u> </u>
(Principal office address MUST BE A STREET ADDRES	<u>S.S)</u> _					-	2	
	_					<u>.'-</u>	Ē	
						. ~	9.	-
Enter new mailing address, if applicable:					-	=	<u>-</u>	
(Mailing address MAY BE A POST OFFICE BOX)	_							
THANKING REALITIESS WAT DE ATOST OF THEE BOAT	_							
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:						e of tl	he new	registered
Name of New Registered Agent:	AM I	<u>//e</u>	LUN	Kory				
New Registered Office Address:	715	10 I'g	57.	N v treet address				
	NA	Ente <mark>HS</mark> City	r v torida s	reet address	rida	34 Zip	// D <u>)</u> 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>	Name	Address	Type of Action
<u>.CEU/</u>	MATI CAMILLE LUMBERT	915 10 155. N. NAPIES, FI	- <b>%</b> ∀qq
1917			□Remove
	- Ala		□Change
CEU	CAMINE LUMBON	915/0 PST. N. NOPHES, Fr. 34102	\$\angle Add
	·		□Remove
			□Change
<u> </u>	STEVE LUMBERT	915 10 55. N. Napres, FL. 3410	2 Dedd
			🗆 Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change

							-
						-=	-
							_
<del> </del>	<del></del>	····					_
			·				_
							_
							_
-		<del></del>					•••
							-
				<u>, //                                  </u>		<u> </u>	3
				W		3000	• -
						- 32 R	- <u>;</u>
						<u></u>	·
					•	<u>, , , , , , , , , , , , , , , , , , , </u>	- (**
						```	_
reffective date		st be specific and	cannot be prior t	o tate of filing or m	ore than 90 days aff	tional) or filing.) Pursuant to 60	
	ctive date on the D			ble statutory tinn	g requirements, ti	nis date will not be lis	ited as
cord specifie	s a delayed effectiv	e date but not	an effective tir	ne at 12:01 a.m.	on the earlier of	(b) The 90th day afte	er the
s filed.	a demyed effective	e date, out not	an enecure in		on the carrier of.	(o) The John day and	er tile
	10/0		2023				
	1/9/2)			<u> </u>			
ed <u>/</u> (	0/9/23 Con	Δ.	0		_		

Eur D case