L23000345683

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





500417275825

10/16/23--01008--017 **25.00



Y. SCOTT 0CT 2 5 2023

COVER LETTER

TO:	Registration : Division of Co				
el an in		ke That LLC			
SUBJE	CI:	Name of Lin	nited Liability Company		
The enc	losed Articles o	of Amendment and fee(s) are sub	omitted for filing		
		pondence concerning this matter	_		
		Kristina Anderson			
			Name of Person		
		i Can Make That LLC			2 : 0
		- -	Firm/Company		DIVISION OF SC 2023 OCT 16
		10648 Carloway Hills Drive			
			Address		<u>ත</u> රස
		Wimauma, FL 33598			PM 2
		kristinardaniels@yahoo.cor			6 PH 2: 12
For furtl	ner information	t-mail address: (concerning this matter, please c	to be used for future annual reportable:	notification)	
Kristina	Anderson		937 838-8613	8	
	Name	of Person	at () Area Code Da	ytime Telephone Number	
Enclosed	f 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)	Certified (of Status &
	Mailing Addr Registration Division of P.O. Box 63	Section Corporations			

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

I Can Make That LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jability Company)	<u> </u>
The Articles of Organization for this Limited Liability Company	were filed on <u>07/21/2023</u>	and assigned
Florida document number 1.23000345683		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	lity company here:	
Sure I Can Do That LLC		
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		~~~~~~~~~~~
Principal office address MUST BE A STREET ADDRESS)		SE IVIS
		00 10 10 10 10 10 10 10 10 10 10 10 10 1
Inter new mailing address, if applicable:		P P
Mailing address MAY BE A POST OFFICE BOX)		N OR ST
The state of the s		
	· · · · · · · · · · · · · · · · · · ·	
3. If amending the registered agent and/or registered office a	ddress on our records, enter th	ie name of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address:	Enter Florida street address	
	, Flore	ida
	City	Itta 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 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
AMBR	Kaliyah Anderson	10648 Carloway Hills Drive	■Add
		Wimauma, FL 33598	□Remove
			□ Change
			□Add
			□Remove
			SECRETARY OUTSIDE CONTROL 2023 OCT 6
			SOP DRAFFICE
			□Add
			□Remove
			□Change
	·····		□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change

	
	· · · · · · · · · · · · · · · · · · ·
	SE DIVIS 2023 I
	01V SECRE 2021 OCT
	- 6 2년 10 2년 1
	PH 2
	PH 2:
	ATE STIONE
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 cote: If the date inserted in this block does not meet the applicable statutory filing requirement occument's effective date on the Department of State's records.	_ (optional) lays after filing.) Pursuant to 605.0205 ents, this date will not be listed as
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies filed.	er of: (b) The 90th day after the
October 4. 2023	
$\mathcal{A}\mathcal{A}$	
Signature of a member or authorized representative of a member	τ

Filing Fee: \$25.00