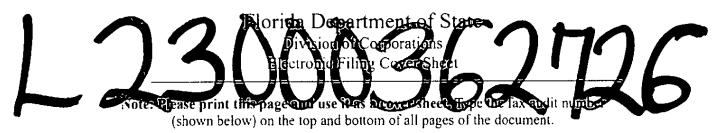
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Division of Corporations



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From:

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Account Name : DASBANQ1

Account Number : I20240000099

Phone : (202)751-9982

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M. SOLOMON

SEP 19 2024

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11240003186803

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FEMME AF LLC				
(Name of the Limited L. (A F	ability Compa lorida Limited	ny as it now appears on our re Liability Company)	ecords.)	
The Articles of Organization for this Limited Liability Florida document number 1.23000362726	ity Company	were filed on08/02/2023	an	d assigned
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liab	ility company here:		
The new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the designation	"LLC" or the abbreviation	nn "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		14153 Backbarrier Rd	<u>()</u>	202
		Jacksonville, FL 32224	<u> </u>	SE TE
			ا الله الله الله الله الله الله الله ال	<u> </u>
Enter new mailing address, if applicable:		14153 Backbarrier Rd	ASSET	R [1]
(Mailing address MAY BE A POST OFFICE BOX	Q	Jacksonville, FL 32224		<u>13 – 1</u>
			i1	2
B. If amending the registered agent and/or regist agent and/or the new registered office address he		address on our records, <u>e</u>	nter the name of the	e new registeree
Name of New Registered Agent:	ran Camilo Ra	ımirez		
New Registered Office Address:	4153 Backbar	rier Rd		
Negistered Office Hadress.		Enter Florida street a	ddress	
Ja	Jacksonville		, Florida 32224	
		City	Zip (lode .
New Registered Agent's Signature, if changing Regis	tered Agent:			
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper as accept the obligations of my position as registere being filed to merely reflect a change in the regist company has been notified in writing of this change	nd complete ed agent as p stered office	performance of my dutie provided for in Chapter 6	s, and I am familia 605, F.S. Or, if this	r with and document is

Avan Camilo Raminez
If Changing Registered Agent, Signature of New Registered Agent

3

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>	Address	Type of Action
			□Add
			□Remove
			Change
			□Remove
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			————— □Add
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			Change
			□Add
			□Remove

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	must be specific and	cannot be prior to d seet the applicable	late of filing or more t		ng.) Pursu a nt		
Effective date, if other than if an effective date is listed, the date. Note: If the date inserted in the document's effective date on the second sec	ne Department of Si	iaic s records.					
If an effective date is listed, the dat Note: If the date inserted in th document's effective date on t the record specifies a delayed eff	ne Department of St		at 12:01 a.m. on t	he earlier of: (b)	The 90th da	y after t	he
If an effective date is listed, the dat Note: If the date inserted in the document's effective date on the record specifies a delayed efford is filed.	e Department of St	an effective time.		he earlier of: (b)	The 90th da	y after t	he
Effective date, if other than If an effective date is listed, the date Note: If the date inserted in the document's effective date on the record specifies a delayed efford is filed. Dated	ne Department of St	2024					he

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