## L23000374577

(Requestor's Name)
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PICK-UP WAIT MAIL
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## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

Division of Corporations	
SUBJECT: Three ladies Estate Sale 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:	
Lourdes Garcia	
Three ladies Estate Sale UC	
19810 SW 88 Ct	
Cutter Bay, FL 33157 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Lourdes Garcia at (766) 317-6040  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
25.00 Filing Fee Solution Status Solution Stat	
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ihree Ladies	Estate Sale LL	
(A Flori	ility Company as it now appears on our da Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability	Company were filed on $08/0$	19 2023 and assigned
Florida document number <u>L230063745</u>	77	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation	1 "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		202
(Principal office address MUST BE A STREET ADD	ORESS)	,
		- <del></del>
Enter new mailing address, if applicable:		<del>.</del>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or register agent and/or the new registered office address here		enter the name of the new registered
agent and/or the new registered office address here.	•	
Name of New Registered Agent:	···	
New Registered Office Address:		
	Emer Florida strect	address
	elle.	Florida Zip Code
	City	гір Соае

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>	Name	Address	Type of Action
MGR	Lourdes Garcia	19810 SW88ct	īZ⁄Add
		Cutter Bay, FL 33157	□Remove
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an effective c ote: If the	te, if other than the dilate is listed, the date must be date inserted in this bloc effective date on the Dep	e specific and cann k does not meet t	he applicable sta			g.) Pursuant to 605.0
record spec is filed.	ifies a delayed effective o	date, but not an ef	ffective time, at 1	12:01 a.m. on the o	earlier of: (b)	The 90th day after
ated A	V	- Jara	023 In J	graz.		
				presentative of a me		

Filing Fee: \$25.00