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(Re	questor's Name)	
•	•	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
	Faka Maa	
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

A. RIVERS 0CT 0 4 2023



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09/19/23--01021--001 **25.00



COVER LETTER

TO: Registration Se Division of Cor			
	OTTING FOR LESS LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	BENISE B INNOCENT		
		Name of Person	
	BENISE COTTING FOR	LESS LLC	
	 	Firm/Company	
	720 DOGWOOD RD		
		Address	
	WEST PALM BEACH FL	ORIDA 33409	
		City/State and Zip Code	
	belizairebenise19@gmail.co		······································
		to be used for future annual report no	oldication)
For further information c	oncerning this matter, please c		
BENISE B INNOCENT		561 460-7387	
Name o	of Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 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)
<u>Mailing Addre</u> Registration	Section	Street Address: Registration S	
Division of C		Division of C The Centre of	•
P.O. Box 632 Tallahassee,			roe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

one or it now appears on our records !	
Liability Company)	
were filed on 8/25/2023	and assigned
ollity company here:	
fity Company," the designation "LLC" or th	e abbreviation "L.L.C."
	, —
	
	·
	51 63
address on our records, enter the i	name of the new regist
	.
Enter Florida street address	
130 - 1.3	r ·
, Florid:	1 Zip Code
	, Florida

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>	Address	Type of Action
	<u> </u>		□Add
			Change
			□Add
			□Remove
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	BENISE CLOTHING FOR LESS LLC
ffec	08/25/2023 tive date, if other than the date of filing: (optional)
an e	tive date, if other than the date of filing:
	nent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 42:01 a.m. on the earlier of: (b) The 90th day after the filed.
	·
)ate	19/4/23
	Signature of a member or authorized representative of a member
	VXVDL MACUN

Filing Fee: \$25.00