## L23000103159

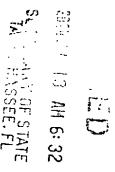
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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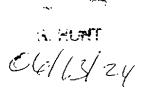
Office Use Only



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## **COVER LETTER**

	stration Section sion of Corporations	
	Sage & Whimsy Designs ELC	
SUBJECT: _	Name of Limited Liability Company	
The enclosed A	Articles of Amendment and fee(s) are submitted for filing.	
Please return al	all correspondence concerning this matter to the following:	
	Jessica Wolk	
	Name of Person	
	Firm/Company	
	712 Commodore Dr	
	Address	
	Plantation, FL 33325	<i>د</i> .ي
	City/State and Zip Code Jessr240@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For further info	ormation concerning this matter, please call:	,
Jessica Wolk	954 297-1161 T	AM 6: 32 CF STATE
	Name of Person Area Code Daytime Telephone Number	m N
Enclosed is a ch	theek for the following amount:	
■ \$25.00 Fili	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified Certified Copy	of Status &

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000403159</u> .	were filed on <u>08/28/2023</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Jessica Wolk Designs LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		<u>교</u> (
		芸術 広
Enter new mailing address, if applicable:		SSC Part II.
• • • • • • • • • • • • • • • • • • • •		E. S. C.
(Mailing address MAY BE A POST OFFICE BOX)		74 W
	<del></del>	т, 10
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records. <u>enter the</u>	name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Florid	a
	City:	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

Sage & Whimsy Designs LLC

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
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			□Remove
			Change
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ective date, if other than the effective date is listed, the date in	e date of filin ust be specific an	ig: d cannot be prior	to date of filir	ig or more than 90	(optional) days after filing.)	Pursuant	to 605,020
te: If the date inserted in this butterness; the late on the late.				y filing requiren	ients, this date v	vill not l	oe listed a
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cord specifies a delayed effecti s filed.	ve date, but no	t an effective t	ime, at 12:01	a.m. on the earl	ier of: (b) The	90th da	y after the
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