L23000403393

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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COVER LETTER

TO:	Registration Se Division of Cor		•	e s		
CUDI	Let Knit B,	LLC				
SUBJECT:						
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all correspo	endence concerning this matter	to the following:			
		Beth Hill				
			Name of Person			
		<u></u>	Firm/Company			
	14301 SW 30 Court					
			Address			
	Davie, Florida 33330					
			City/State and Zip Code			
		B@letknitb.com				
			to be used for future annual report no	otification)		
For fur	ther information c	oncerning this matter, please c	all:			
Beth H	till		954 515-7266 at ()			
	Name o	f Person		me Telephone Number		
Enclos	ed is a check for th	ne following amount:				
□ \$ 2	5.00 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 enclose		
Mailing Address:		Street Address:	agtion			
Registration Section Division of Corporations			Registration Section Division of Corporations			
P.O. Box 6327				The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Let Knit B, LLC		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our reco la Limited Liability Company)	ords.)
he Articles of Organization for this Limited Liability	Company were filed on 8/28/2023	and assigned
orida document number L23000403393	·	
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the lin	nited liability company here:	
e new name must be distinguishable and contain the words "Lie	mited Liability Company," the designation "Li	LC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADD	RESS)	· · · · · · · · · · · · · · · · · · ·
		:
nter new mailing address, if applicable:		₹. .o
Mailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registere gent and/or the new registered office address here:		er the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
non resignation of the francist.	Enter Florida street add	ress
	.1	Florida
	City	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 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
AMBR	Beth Hill	14301 SW 30 Court	≣ Add
		Davie, FL 33330	□Remove
			□Change
-			□Add
			□ Remove
			□Change
			□Add
			□Remove
	 		□Add
			□Remove
			□Change
			□Add
			□Remove
			
			Remove
			∏Change.

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: 8/29/2023 (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated 8/28 2023 Signature of a member or authorized representative of a member Beth Hill Typed or printed name of signee

Filing Fee: \$25.00