

L23000434500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

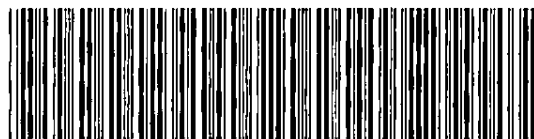
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 OCT 10 AM 8:26
Filing Office

10/23/23

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Division of Corporations

JECT: Envy's Gifted Hands
Name of Limited Liability Company

enclosed Articles of Amendment and fee(s) are submitted for filing.

se return all correspondence concerning this matter to the following:

Katinka Bawens
Name of Person

Firm/Company

87 Fernwood Lane
Address

Palm Coast FL 32137
City/State and Zip Code

Arshena77@gmail.com
E-mail address: (to be used for future annual report notification)

further information concerning this matter, please call:

Katinka Bawens at (904) 476-3732
Name of Person Area Code Daytime Telephone Number

osed is a check for the following amount:

\$25.00 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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Envy's Gifted Hands LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on Sept 21, 2023 and assigned
file number L23000439500

This amendment is submitted to amend the following:

If amending name, enter the new name of the limited liability company here:

New name must be distinguishable and contain the words "Limited Liability 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

250 Palm Coast Pkwy
Suite 607 H 145
Palm Coast FL 32137

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

250 Palm Coast Pkwy
Suite 607 H 145
Palm Coast FL 32137

If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Katinka Bowens

New Registered Office Address:

87 Felwood Lane

Enter Florida street address

Palmcoast
City

Florida

32137
Zip Code

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.

Katinka Bowens

If Changing Registered Agent, Signature of New Registered Agent

2023 SEP 25 10 AM 8:25

nending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
emoved from our records:

R = Manager

BR = Authorized Member

<u>E</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Ambr	Katinka Bowins	87 Foxwood Lane	<input checked="" type="checkbox"/> Add
		Palm Coast FL, 32137	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
	United States	476 Riverside Ave	<input type="checkbox"/> Change
	Corporations	Jacksonville FL, 22202	<input type="checkbox"/> Add
	Agents Inc		<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED

2023 OCT 10 AM 8:27

Effective date, if other than the date of filing: _____ (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.

; 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
d is filed.

Dated OCT 5, , 2023.

Katinka Bowers
Signature of a member or authorized representative of a member

Katinka Bowers
Typed or printed name of signee

Filing Fee: \$25.00