## 123000500177

| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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11/20/23--01016--005 \*\*25.00

## **COVER LETTER**

|  | on Section<br>f Corporations  |                         |   |                          |                             |  |
|--|---|-------------------------|---|--------------------------|-----------------------------|--|
| SUBJECT: LOV                           | ELY LADY, LLC   |                         |   |                          |                             |  |
|  | <u></u>   | Name of Lin             | nited Liability Company   |                          |                             |  |
| The enclosed Articl                    | es of Amendment and f   | fee(s) are sub          | omitted for filing.   |                          |                             |  |
| Please return all co                   | rrespondence concernin  | g this matter           | to the following:   |                          |                             |  |
|  |   | Corpor                  | rate Maintenance  | Lead                     | _                           |  |
|  |   |                         | Name of Person  |                          |                             |  |
|  |   | Proc                    | cessing Departme  | ent                      | ~2                          |  |
|  |   |                         | Firm Company  | •                        | ب<br>ر<br>د<br>موند         |  |
|  |   |                         | 1450 Vassar St  |                          | - 5<br>- 26<br>- 70<br>- 20 |  |
|  | -   |                         | Address   | -                        | - Š                         |  |
|  |   |                         | Reno, NV 89502  |                          | •                           |  |
|  |   |                         | City State and Zip Code   |                          | <br><br>                    |  |
|  | <u></u>   | mail address;           | (to be used for future annual repo                                      | rt notification)         |                             |  |
| For further informa                    | tion concerning this ma   | itter, please c         | rall:   |                          |                             |  |
| Proc                                   | essing Depart   | tment                   | at ( 800 ) 638-2  | 2320                     |                             |  |
|  | ame of Person   |                         | Area Code D   | Daytime Telephone Number | Γ                           |  |
| Enclosed is a check                    | for the following amou  | unt:                    |   |                          |                             |  |
| ☑ \$25.00 Filing F                     |   | ng Fee &<br>e of Status | □ \$55.00 Filing Fee &<br>Certified Copy<br>additional copy is enclosed | ) Certified              | ate of Status &             |  |
| F<br>I                                 | AAILING ADDRESS:<br>tegistration Section<br>Division of Corporations<br>2.O. Box 6327 |                         | STREET/CO<br>Registration :<br>Division of C<br>Clifton Build           | Corporations             |                             |  |
| P.O. Box 6327<br>Tallahassee, FL 32314 |   |                         | 2661 Executive Center Circle  |                          |                             |  |

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| LOV  | ELY LADY, LLC   |                              |
|--|---|------------------------------|
| ( <u>Name of the Limited Liabilits</u><br>(A Florida)  | v Company as it now appears on our records.<br>Limited Liability Company) | )                            |
| The Articles of Organization for this Limited Liability Co   | ompany were filed on 11/02/23   | and assigned                 |
| Florida document number <u>L23000500177</u>  | _ <del>-</del> :  |                              |
| This amendment is submitted to amend the following:  |   |                              |
| A. If amending name, enter the new name of the limit   | ted liability company here:   |                              |
| LOVE   | LY LADIES, LLC  |                              |
| The new name must be distinguishable and contain the words "Limit  | ted 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 ADDR  | ESS)  |                              |
|  |   |                              |
|  |   | ت<br>1<br>. ع                |
| Enter new mailing address, if applicable:  |   |                              |
| (Mailing address MAY BE A POST OFFICE BOX)   |   | (N)                          |
|  |   |                              |
|  |   | <br>                         |
| B. If amending the registered agent and/or regist registered agent and/or the new registered office addr |   | enter the name of the ne     |
|  |   | ·                            |
| Name of New Registered Agent:  |   |                              |
| New Registered Office Address:   | Enter Florida street address  | _                            |
|  |   |                              |
|  | , Flo   | rida = 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. Thereby 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 |
|--------------|----------------|-------------------------|----------------|
| MGR          | Darien Coleman | 1485 Se Proctor Ln      |                |
|              |                | Port St Lucie, FL 34983 |                |
|              |                |                         | Change         |
| <u>M</u> GR  | Darin Coleman  | 1485 Se Proctor Ln      | ☑ Add          |
|              |                | Port St Lucie, FL 34983 | Remove         |
|              |                | <del>.</del>            | Change         |
|              |                |                         | Ādd            |
|              |                |                         | Remove         |
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|              |                |                         | Change         |

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|   |  | NI/A   |                             |                        |                |               |
| ective date, if other                               | a die anne man i de apre                   |  | r to date of filing or m    | ore than 90 days after | filing.) Pursu | iant to 605.6 |
| <u>te:</u> If the date inser<br>ument's effective d | ted in this block do<br>ate on the Departm | es not meet the appli<br>ent of State's record | cable statutory filin<br>s. | g requirements, this   | date will n    | ot be liste   |
|   |  |  |                             |                        |                |               |
| record specifies<br>he 90th day aft                 |  | ctive date, but n<br>filed.                    | ot an effective t           | ime, at 12:01 a        | .m. on th      | ie earlie     |
| ed November   | 13   | <u>2023</u>                                    |                             | 2 gn ON                |                |               |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00