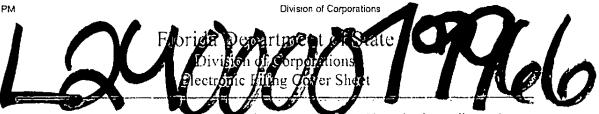
3/25/24, 3:12 PM



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000111931 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (852)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 120000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

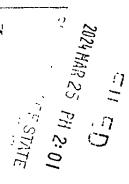
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_



## LLC AMIND/RESTATE/CORRECT OR M/MG RESIGN PAMPERED BY ALEXA LLC

Certificate of Status	()
Ccrtified Copy	0
Page Count	01
Estimated Charge	\$25.00



Electronic Filing Menu Corporate Filing Menu

Help

MAR 26 2024 L' LEMIEUX Τo.

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PAMPERED BY ALEXA LLC			
(Name of the Limited Liability Compar (A Florida Limited L	ty as it now appears on out tability Company)	r records.)	
The Articles of Organization for this Limited Liability Company Florida document number 1.24000079966	were filed on $\frac{02/14/202}{}$		_ and assigned
This amendment is submitted to amend the following:			
A. It amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designati	on "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	ddress on our records	s, enter the name o	f the new registered
			7-
New Registered Office Address:	Enter Florida stre	et address	
		, Florida	
	Cny		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			Zip Code
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my di rovided for in Chapte	ity. I further agree ities, and I am fan ir 605, F.S. Or, if .	to comply with the niliar with and this document is
If C'han	ging Registered Agent, Sig	nature of New Regist	Fred Agent

If amending Authorized Person(s) authorized to manage, enter the fitte, name, and address of each person-being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	ALEXA RIVAS	2255 SW 132ND TERRACE	<b>=</b> Add
		MIRAMAR, FL 33027	[TRemove
			☐ Change
			⊡∧dd
			□ Remove
		(Change	
		[]Add	
			CRemove
		☐ Change	
		lDAdd	
		□Remove	
			□Change
		□Add	
			□Remove
			TiChange
			Remove
			□Change

). If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
·-	
Note: If the	date, if other than the date of filing:  e 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)% are date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the seffective date on the Department of State's records.
f the record specord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	
· · · <u></u>	·M
	Signature of a member or authorized representative of a member
	ALEXA RIVAS
	Typed or printed name of signee