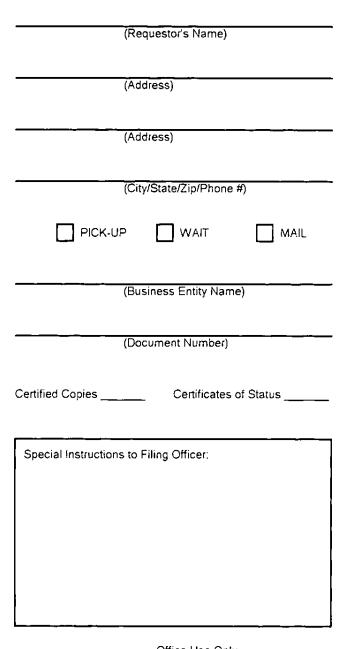
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Office Use Only



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2024 APR 26 PH 12: 02
SECRETARY OF STATE
TALLAHASSEF, FI

## COVER LETTER

	of Corporations
CURINGE	KSBYLEAH LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Artic	eles of Amendment and fee(s) are submitted for filing.
	orrespondence concerning this matter to the following:
	LEAH SCHMIDT
<del></del>	Name of Person
	Firm/Company
	257 SANGRIA LANE
	Address
	ST AUGUSTINE, FL 32086
	City/State and Zip Code
	leahschmidt2003@gmail.com
	E-mail address: (to be used for future annual report notification)
For further informa	ation concerning this matter, please call:
LEAH SCHMIDT	ar (904) 466-3246
1	Name of Person Area Code Daytime Telephone Number
Enclosed is a check	k for the following amount:
图 \$25.00 Filing	Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing A	Address: Street Address:

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

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

LOOKSBYLEAH LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our recor Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability Company Florida document number	y were filed on 03/04/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LL	
Enter new principal offices address, if applicable:	P=	PROPERTY APR
(Principal office address MUST BE A STREET ADDRESS)		\[\frac{1}{2}\]
		- F - F - F - F - F - F - F - F - F - F
		PH I2:
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, ente	r the name of the new regist
Name of New Registered Agent:		
		<del></del>
Name of New Registered Agent:	Enter Florida street addre	255
Name of New Registered Agent:		ess lorida

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 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	LEAH SCHMIDT	257 SANGRIA LANE	<b>2≾</b> Add
		ST AUGUSTINE, FL 32086	□ Remove
			□Change
<del></del>			□Add
			□Remove
			Change
			□ Add
		<del></del>	□ Remove
			□Change
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		<del></del>	□ Add
			□Remove
			□ Change
		<del></del>	□Add
			□Remove
			□ Change

II amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effect Note: I	e date, if other than the date of filing:  tive 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) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as that's effective date on the Department of State's records.
ne record ord is file	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.
Dated _	April 22 <sup>nd</sup> , 2024
	April 22 <sup>nd</sup> , 2024  Leah Signature of a member or authorized representative of a member
	LEAH SCHMIDT
	Typed or printed name of signee