L24000160398

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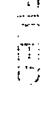


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2024 JUL 22 PH 12: 5



A. PARISHANI JUL 2 7 2024

COVER LETTER

TO: Registration Se Division of Cor				
Quik Bath	LLC			
SUBJECT:	Name of Lim	nited Liability Company	2024 JUL 2	
			1885 1987 1987	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	SSTEEN 22	
Please return all correspo	ondence concerning this matter	to the following:	PMIZ: 1 OF Sim 08POWAT 7E, 41 As	
	Courtney Howard		- 1	
		Name of Person		
		Firm/Company		
ė	6869 Il Regalo Cir.			
		Address		
	Naples FL 34109			
		City/State and Zip Code		
	courtney@chowardlaw.con			
For further information of	e-mail address: (to be used for future annual report not	ilication)	
	oncerning and matter, please c			
Courtney Howard		at () 5002370		
Name o	of Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	he 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)	
i				
Mailing Addres		Street Address:		
Registration !		-	Registration Section	
Division of C		Division of Co		
P.O. Box 632 Tallahassee		The Centre of 7		
Tallahassee,	FL 32314	2415 N. Monro	se Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2024 JUL 22 PH 12: 56

Quik Bath LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4/3/24 and assigned

Florida document number L24000160398

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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>	<u>Address</u>	Type of Action
AMBR	Matthew Howard	5200 Gulf Dr. #104	□Add
		Holmes Beach, FL 34217	■Remove
			□Change
AMBR	Courtney Howard	5200 Gulf Dr. #104	BAdd
		Holmes Beach, FL 34217	□Remove
•			□ Change
			JUME 22 LARTHEN OF COLOR OF CO
			(*\C)∑ *** **
			□ Remove
		··· <u> </u>	□Add
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	PR 12:
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ffective date, if other than the date of filing:	(optional)
Note: If the date inserted in this block does not mee	anot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 t the applicable statutory filing requirements, this date will not be listed
locument's effective date on the Department of State	e's records.
record specifies a delayed effective date, but not an d is filed.	effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after to
July 9	2024
vated,	
Signature of a mount	nber or authorized representative of a member

Filing Fee: \$25.00