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COVER LETTER

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TO:	Registration Se- Division of Cor						
eun II		lehemy, LLC					
SORTE	SUBJECT: Name of Limited Liability Company						
The en	closed Articles of a	Amendment and fee(s) are sub	mitted for filing.				
Please	return all correspo	ndence concerning this matter	to the following:				
		Tina Faulkner					
	Name of Person						
		Hypnotic Alchemy, LLC					
Firm/Company							
	10905 Black Swan CT.						
Address							
		Seffner, FL 33584					
			City/State and Zip Code				
		tina.lmt@gmail.com	to be used for future annual report notif				
For fur	ther information co	oncerning this matter, please co	•	ication)			
Tina F	aulkner		813 270-3205				
Name of Person		Area Code Daytime	: Telephone Number				
Enclos	ed is a check for th	ne following amount:					
■ \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, 23 Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Second Division of Corporation The Centre of Tallahassee, FL	porations allahassee e Street, Suite 810			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hypnotic Alchemy, 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 April 5, 2024 _____ and assigned Florida document number L24000164310 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 "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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Tina Faulkner Name of New Registered Agent: 10905 Black Swan CT New Registered Office Address: Enter Florida street address , Florida 33584 ...

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. I hereby confirm that the limited liability2 company has been notified in writing of this change.

Seffner

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	Andrayas Chambliss	10905 Black Swan CT. Seffner, FL 33584	□Add
			=Remove
			□ Change
-			□Add
			□Remove
			□Change
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			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Please change entity type from multi to single entity and/or classification type from multi-member LLC to a single-member LLC E. 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. If the 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 record is filed. Dated June 11 2024 Signature of a member or authorized representative of a member Tina Faulkner Typed or printed name of signee