La4000168734

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COVER LETTER

FO: Registration Section Division of Corporations	$\varphi = \mathcal{S}$	
SUBJECT: Lessatile Bae Name of Lim	bes & Beauty ited Liability Company	UC
The enclosed Articles of Amendment and fee(s) are sub-	omitted for filing.	
Please return all correspondence concerning this matter	to the following:	
	Cra Adams Name of Person Backer + Beauty Firm/Company HA Avenue	i UC
Boynton B. Versatileba E-mail address:	Address Lach, Fl 334 City/State and Zip Code Robert Modern Code (to be used for future annual report notified)	20 gmail. un
For further information concerning this matter, please of	rall:	
Name of Person	at (<u>856)</u> <u>426 - 4</u> Area Code Daytina	: Telephone Number
Enclosed is a check for the following amount:		
\$25.00 Filing Fee Solution \$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)
Mailing Address: Registration Section	Street Address: Registration Sec	ction

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

TO:

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF VORSATIO BOOMER BOOMER 1/1

VECCUTAL DUCULO	Claury LLC	_		
(A Florida Limited (A Florida Limited)	npany as it now appears on our records.) ed Liability Company)			
The Articles of Organization for this Limited Liability Compa Florida document number (124060168734).	iny were filed on <u>April 9, 2034</u>	and assigned		
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 Li	ability Company," the designation "LLC" or the abbrev	iation "L.1C."		
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	ce address on our records, enter the name of	the new registere		
agent and/or the new registered office address here:				
		٠		
Name of New Registered Agent:				
New Registered Office Address:		- 		
	Enter Florida street address	£-"		
	, Florida			

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 liability company has been notified in writing of this change.

City

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	Keera Adams	320 NE 16th Ave Boynton B	1, H 33435
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	other than the d	ate of filing:	4/22/24	1	(optional)	<u> </u>
fective date, if		e specific and cannot	of by prior to date of fi	ling or more than 9	0 days after filing.) Pt	irsuant to 605.0207
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n effective date is li ote: If the date in	isted, the date must b iscrted in this bloc we date on the Dep			ory filing require	ments, this date wil	II not be listed as
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