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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INC AUTHORITY, ELC

Account Number : 120240000004 Phone : (775)329-7721

Fax Number : (775)376-9207

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

barbeitonaylet@gmail.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BLING & BEYOND, LLC**

Certificate of Status	0
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K. SALY

AUG 2 0 2024

From Corporate Service Center Inc 1.702.507.9682 Mon Aug 19 12:07:02 2024 MDT Page 2 of 4

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED	
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MILLAHASSES	/

BLING	& BEYOND, LLC	MACCHAGOLINA TO 17
(Name of the Limited Llability (A Florada L	Company as it now appears on our reconnited Liability Company)	rds.) FLORIO,
The Articles of Organization for this Limited Liability Con Florida document number <u>L24000257712</u>	mpany were filed on 06/05/24	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name most be distinguishable and contain the words "Limited	d Liability Company," the designation "Li	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	
(Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register registered agent and/or the new registered office address		ds, enter the name of the new
Name of New Registered Agent:	······	······································
New Registered Office Address:	Enter Florida street addı	Sic.e
	City .	Florida
***************************************	City	Zip Code

## 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 affice address, I hereby confirm that the limited liability company has been notified in writing of this change.

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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

Title	Name	Address	Type of Action
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