

120000094722

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

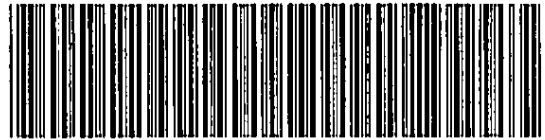
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

RA Signature

Office Use Only



400385524994

04/11/22--01031--021 **25.00

FILED
2022 MAY 26 PM 5:35
SECRETARY OF STATE
TALLAHASSEE, FL

A. BUTLER

JUN - 7 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NICOLE WILBUR-REALTOR, PLLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NICOLE BENE BROWN

Name of Person

COLDWELL BANKER REALTY

Firm/Company

237 Arnold Ave.

Address

Longwood, FL. 32750

City/State and Zip Code

HOMES@NICOLEWILBURREALTOR.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NICOLE B. BROWN

321 356-0555

Name of Person

at ()
Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

Mailing Address:

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

Street Address:

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**

FILED

NICOLE WILBUR-REALTOR, PLLC

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

2022 MAY 26 PM 5:35

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 04/01/2020 and assigned
Florida document number L20000094722.

This amendment is submitted to amend the following:

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

NICOLE WILBUR-BROWN, PLLC

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:

Name of New Registered Agent:

NICOLE BENE BROWN

New Registered Office Address:

Enter Florida street address

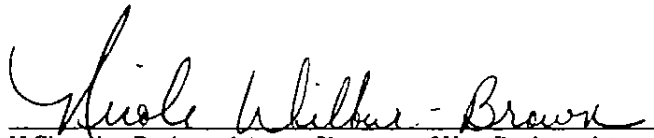
Florida

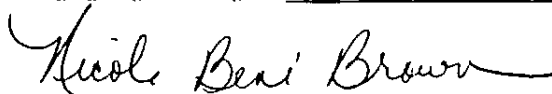
City

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


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>	<u>Address</u>	<u>Type of Action</u>
MGR	Nicole Wilbur-Brown, PLLC	237 Arnold Ave., Longwood, FL. 32750	☒ Add
			☐ Remove
			☐ Change
MGR	Nicole Wilbur-Realtor, PLLC	237 Arnold Ave., Longwood, FL. 32750	☐ Add
			☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

My name is Nicole Bene Brown. I got married March 25th 2021. I would like to have my name changed to my married name. I was formerly Nicole Bene Wilbur. My business name was registered as Nicole Wilbur-Realtor, PLLC. I would actually like for it to be Nicole Wilbur-Brown, P.A. if at all possible. It only gave me the options above to enter Limited Liability Company, LLC, or L.L.C. I have been registered as a PLLC, but if I can change to P.A. that would be preferred. I have enclosed my marriage license for your records. I have tried calling multiple times to make sure I was filling this out properly, but can never get through. Thank you.

E. Effective date, if other than the date of filing: 03/04/2022 **(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 March 4th 2022



Signature of a member or authorized representative of a member

Nicole Bene Brown

Typed or printed name of signee

Department of Health - Office of Vital Statistics

(STATE FILE NUMBER)

**STATE OF FLORIDA
 MARRIAGE RECORD**

TYPE IN UPPER CASE
 USE BLACK INK

This license not valid unless seal of Clerk,
 Circuit or County Court, appears thereon

210572
 (APPLICATION NUMBER)

APPLICATION TO MARRY			
1. NAME OF SPOUSE (First, Middle, Last) DAVID WILLIAM BROWN		15. MAIDEN SURNAME (if applicable)	2. DATE OF BIRTH (Month, Day, Year) 10/24/1964
3a. RESIDENCE - CITY, TOWN, OR LOCATION 237 ARNOLD AVE. LONGWOOD	3b. COUNTY SEMINOLE	3c. STATE FLORIDA 32750	4. BIRTHPLACE (State or Foreign Country) DISTRICT OF
5. NAME OF SPOUSE (First, Middle, Last) NICOLE BENE WILBUR		5b. MAIDEN SURNAME (if applicable)	6. DATE OF BIRTH (Month, Day, Year) 03/30/1963
7a. RESIDENCE - CITY, TOWN, OR LOCATION 237 ARNOLD AVE. LONGWOOD	7b. COUNTY SEMINOLE	7c. STATE FLORIDA 32750	8. BIRTHPLACE (State or Foreign Country) FLORIDA
WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.			
9. SIGNATURE OF SPOUSE (Sign full name using black ink) <i>David Brown</i>		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 03/10/2021	
11. TITLE OF OFFICIAL DEPUTY CLERK		12. SIGNATURE OF OFFICIAL (Use black ink) <i>Shauna Stammen Judd</i>	
13. SIGNATURE OF SPOUSE (Sign full name using black ink) <i>Nicole B. Wilbur</i>		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 03/10/2021	
15. TITLE OF OFFICIAL DEPUTY CLERK		16. SIGNATURE OF OFFICIAL (Use black ink) <i>Shauna Stammen Judd</i>	
LICENSE TO MARRY			
AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.			
17. COUNTY ISSUING LICENSE SEMINOLE	18. DATE LICENSE ISSUED 03/10/2021	18a. DATE LICENSE EFFECTIVE 03/13/2021	19. EXPIRATION DATE 05/09/2021
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>Shauna Stammen Judd</i>		20b. TITLE DEPUTY CLERK	20c. BY D.C. SSF
CERTIFICATE OF MARRIAGE			
I HEREBY CERTIFY THAT THE ABOVE NAMED SPOUSES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.			
21. DATE OF MARRIAGE (Month, Day, Year) 03/25/2021		22. CITY, TOWN, OR LOCATION OF MARRIAGE APOKA, FL	
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>Scott Harrell</i>		23c. ADDRESS (Of person performing ceremony) 32714 1226 BENT OAK TRAIL APOKA, FL	
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) SCOTT HARRELL - PASTOR		24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Patricia Harrell</i>	
		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Scott Harrell</i>	

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

CERTIFIED COPY - GRANT MALOY
 CLERK OF THE CIRCUIT COURT
 AND COMPTROLLER
 SEMINOLE COUNTY, FLORIDA

BY *[Signature]* DEPUTY CLERK
 Date 04/01/2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 MAY 26 AM 7:47

SECRETARY OF STATE
TALLAHASSEE, FL

May 9, 2022

NICOLE BENE BROWN
237 ARNOLD AVE.
LONGWOOD, FL 32750

SUBJECT: NICOLE WILBUR - REALTOR, PLLC
Ref. Number: L20000094722

We have received your document for NICOLE WILBUR - REALTOR, PLLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 922A00010608