

121000194241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

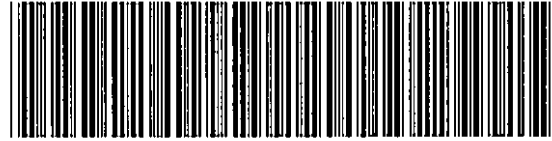
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S.C.  
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JUL 26 11:29 AM '21



RECEIVED

2021 JUL 26 PM 2:35

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 12, 2021

SHAMAR DAVIS  
5350 ARLINGTON EXPRESSWAY  
APT 2407  
JACKSONVILLE, FL 32211

SUBJECT: MEN IN BLACK JUNK REMOVAL LLC  
Ref. Number: L21000194241

We have received your document for MEN IN BLACK JUNK REMOVAL LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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.

Summer Chatham  
OPS

Letter Number: 021A00015849



2021 JUL 26 PM 2:35

JUN

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Men in Black Junk Removal LLC  
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:

Shamar Davis  
Name of Person

Men in Black Junk Removal LLC  
Firm/Company

5350 ARLINGTON EXPRESSWAY Apt 2407  
Address

Jacksonville, FL 32211  
City/State and Zip Code

Meninblackjunkremoval@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shamar Davis at ( 470 ) 338.2331  
Name of Person 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**

Men in Black Junk Removal, 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 4/26/2021 and assigned Florida document number L21000194241

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)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (S)

**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:

\_\_\_\_\_

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          | Desiree Simpson-Coats | 6999 Merrill Rd St 2<br># 264<br>Jacksonville, FL 32277 | <input checked="" type="checkbox"/> Add |
|              |                       |   | <input type="checkbox"/> Remove         |
|              |                       |   | <input type="checkbox"/> Change         |
|              |                       |   | <input type="checkbox"/> Add            |
|              |                       |   | <input type="checkbox"/> Remove         |
|              |                       |   | <input type="checkbox"/> Change         |
|              |                       |   | <input type="checkbox"/> Add            |
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|              |                       |   | <input type="checkbox"/> Change         |
|              |                       |   | <input type="checkbox"/> Add            |
|              |                       |   | <input type="checkbox"/> Remove         |
|              |                       |   | <input type="checkbox"/> Change         |
|              |                       |   | <input type="checkbox"/> Add            |
|              |                       |   | <input type="checkbox"/> Remove         |
|              |                       |   | <input type="checkbox"/> Change         |

Add  
 Remove  
 Change

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

Multiple horizontal lines for amending information.

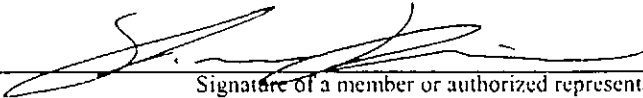


E. Effective date, if other than the date of filing: 6 June 21 (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

1121

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 \_\_\_\_\_

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Shamar Davis  
\_\_\_\_\_  
Typed or printed name of signee