

L220000355429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

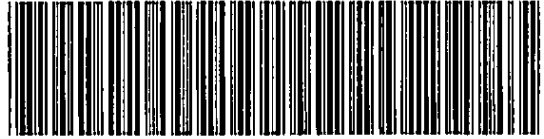
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Shakiera J Gilmore, 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:

Alphonso Gilmore  
Name of Person

Shakiera J Gilmore, LLC  
Firm/Company

5753 Highway 85N ~~██████████~~  
Address

Crestview, FL 32536  
City/State and Zip Code

SBAG2843@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shakiera Gilmore at (813) 993-6236  
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**

Shakiera J Gilmore 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 08/12/2022 and assigned Florida document number 122000355429

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:

N/A

**(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:

N/A ~~Alphonso Gilmore~~

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	Shakiera J Brown	19206 Bruce B Downs	<input type="checkbox"/> Add
		Tampa, FL 33647	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Shakiera Gilmore	19026 Bruce B Downs	<input checked="" type="checkbox"/> Add
		Tampa, FL 33647	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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SECRETARY OF STATE  
TALLAHASSEE, FL

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

+ Marriage license attached

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 2 Nov, 2022.

Shakiera Gilmore

Signature of a member or authorized representative of a member

Shakiera Gilmore

Typed or printed name of signee

Department of Health • Office of Vital Statistics

STATE OF FLORIDA  
MARRIAGE RECORD

TYPE IN UPPER CASE  
USE BLACK INK

This document is void unless seal of Clerk,  
Clerk for County Court, appears thereon

(STATE FILE NUMBER)

2022ML5781189

(APPLICATION NUMBER)

APPLICATION TO MARRY			
1. NAME OF SPOUSE (First, Middle, Last) SHAKIERA JOVANI BROWN		2b. MAIDEN SURNAME (if different)	
3a. RESIDENCE - CITY, TOWN, OR LOCATION CRESTVIEW		3b. COUNTY OKALOOSA	3c. STATE FL
5a. NAME OF SPOUSE (First, Middle, Last) ALPHONSO ANTONIO GILMORE		5b. MAIDEN SURNAME (if different)	
7a. RESIDENCE - CITY, TOWN, OR LOCATION CRESTVIEW		7b. COUNTY OKALOOSA	7c. STATE FL
		2. DATE OF BIRTH (Month, Day, Year) 6/6/1990	
		4. BIRTHPLACE (State or Foreign Country) GA	
		6. DATE OF BIRTH (Month, Day, Year) 12/12/1976	
		8. BIRTHPLACE (State or Foreign Country) KY	

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR MYSELF OR MYSELF, 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 AND 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>Shakiera Jovani Brown</i>	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 8/4/2022
11. TITLE OF OFFICIAL DEPUTY CLERK, CAROL LEWIS	12. SIGNATURE OF OFFICIAL (Use black ink) <i>Carol D. Lewis</i>
13. SIGNATURE OF SPOUSE (Sign full name using black ink) <i>Alphonso Antonio Gilmore</i>	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 8/4/2022
15. TITLE OF OFFICIAL DEPUTY CLERK, CAROL LEWIS	16. SIGNATURE OF OFFICIAL (Use black ink) <i>Carol D. Lewis</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 HILLSBOROUGH	18. DATE LICENSE ISSUED 8/4/2022	18a. DATE LICENSE EFFECTIVE 8/7/2022	19. EXPIRATION DATE 10/6/2022
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>Carol D. Lewis</i>		20b. TITLE COUNTY JUDGE/CLERK	20c. BY D.C. CL

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) 9/19/22	22. CITY, TOWN, OR LOCATION OF MARRIAGE Indian Rocks Beach Florida		
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>J.R. Carrel</i>	23c. ADDRESS (Of person performing ceremony) 6134 EBRET TER SAFETY HARBOR FL		
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Do not abbreviate) J.R. CARREL MINISTER	24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) FL 34695		
	25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)		

SEAL

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

12-SEP-22  
*[Handwritten signature]*