L19000178398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

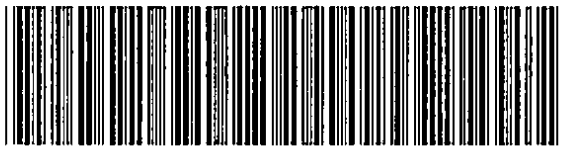
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800376733598

11/18/21--01016--001 **30.00

FILED
2021 DEC 15 PM 1:23

CUS
Amend

DEC 10 2021
I ALBRITTON

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: 24 Seven Unlimited
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:

James Grant
Name of Person

24 Seven Unlimited
Firm/Company

7125 Altis Way 8.217
Address

Orlando Fl 32836
City/State and Zip Code

24SEVENUNLimited@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Grant at (321) 427-3243
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

STATEMENT OF FACTS

11-12-2021

24seven Unlimited LLC has no affiliation Floyd Todd JR, This person fraudulently added themselves 24seven Unlimited llc as Ceo. Floyd Todd Jr has no involvement with this business. Any documents presented by Floyd Todd jr were forged, for fraudulent purposes.

James Grant

President of 24seven Unlimited

STATE OF FLORIDA COUNTY OF ORANGE
The foregoing instrument was acknowledged before me by means of
☒ physical presence or ☐ online notarization,
this 12 day of 11 (year) 2021 by James Grant

_____ Notary Public - State of Florida)
(Print, Type or Stamp Commissioned Name of Notary Public)
☐ Personally Known OR Produced Identification ☒
Type of Identification Produced FL D

Jesslyn Rose Fonseca
Notary Public
State of Florida
Comm# HH040955
Expires 9/9/2024

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

24 Seven Unlimited 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 7-25-2018 and assigned Florida document number L18000178398.

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.C."

Enter new principal offices address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS) _____

_____

Enter new mailing address, if applicable: P.O Box 3352

(Mailing address MAY BE A POST OFFICE BOX) Cocoa, Fl 32924

_____

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 adde or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
CEO	Floyd Todd JR	2875 S orange Ave	☐Add
		500 - 3610	☑Remove
		Orlando Fl 32806	☐Change
	1979	2875 S Orange Ave	☐Add
		500- 3610	☑Remove
		Orlando Fl 32806	☐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.)*

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 11-12, 2021.

Signature of a member or authorized representative of a member

James L Grant

Typed or printed name of signee

Filing Fee: $25.00