

L19000293841

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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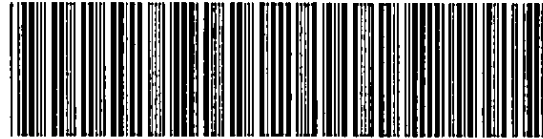
IE

J. HORNE

FEB - 2 2022

1/14

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10/20/21--01011--004 **25.00

FILED
2022 JAN 14 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FL
60



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 JAN 14 AM 8:10
SECRETARY OF STATE
TALLAHASSEE, FL

December 9, 2021

EDWARD MILLER
53 SILK OAK CT
PONTE VEDRA, FL 32081 US

SUBJECT: LFRD HOLDINGS, LLC
Ref. Number: L19000293841

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE COMPLETE THE AMENDMENT FORM TO CHANGE YOUR ADDRESS.

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.

Jasmine N Horne
Regulatory Specialist II

Letter Number: 921A00029687

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LFRD HOLDINGS, 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:

EDWARD D. MILLER
Name of Person

LFRD HOLDINGS, LLC
Firm/Company

53 SILK OAK CT.
Address

PONTE VEDRA, FL 32081
City/State and Zip Code

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

For further information concerning this matter, please call:

EDWARD D. MILLER at (904) 778-6244
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

2022 JAN 14 AM 8:39

LFRD HOLDINGS, LLC

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

SECRETARY OF STATE
TALLAHASSEE, FL 32399

The Articles of Organization for this Limited Liability Company were filed on DECEMBER 2, 2019 and assigned
Florida document number 219000293841.

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)

53 SILK OAK CT.

PONTE VEDRA, FL 32081

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

53 SILK OAK CT.

PONTE VEDRA, FL 32081

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:

NO CHANGE

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

[illegible]

[illegible]

(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)

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.

 , 2022.
Eduardo R. Milla

EDWARD D. MILLER, MGR

Typed or printed name of signee

Filing Fee: \$25.00