

122000207272

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

OCT 5 2022
S. PRATHER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OracleLands 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:

Theresa Freeman

Name of Person

Owner

Firm/Company

10187 Marsh Pine Cir

Address

Orlando FL 32832

City/State and Zip Code

thrsfree@gmail.com

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

For further information concerning this matter, please call:

T Freeman

914

5138433

at (_____) _____

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**

Oraclelands 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 May 02, 2022

Florida document number L22000207272

FILED
2022 JUL -8 AM 7:21
CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA
and assigned

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)

101 Marsh Pine Cir

Orlando FL 32832

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	Gabrielle Rodriguez	10187 Marsh Pine Cir	<input checked="" type="checkbox"/> Add
		Orlando Florida 32832	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Sean Montiero	10187 Marsh Pine Cir	<input checked="" type="checkbox"/> Add
		Orlando Fl 32832	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Theresa Freeman	10187 Marsh Pine Cir	<input checked="" type="checkbox"/> Add
		Orlando Fl 32832	<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"/> Remove
			<input type="checkbox"/> Change

EIN# Form SS-4: 88-2189810

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.

Dated June 24, 2022

Theresa Cleman
Signature of a member or authorized representative of a member

Theresa Freeman

Typed or printed name of signee

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 07-08-2022 BY 60322 UCBAW

STATE OF FLORIDA
JUL -8 AM 7:21