

L07000027145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

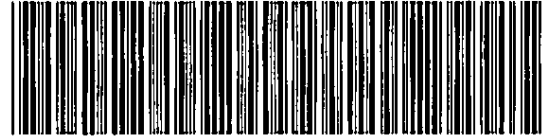
(Business Entity Name)

(Document Number)

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11/09/22--91018--021 **25.00

FILED
2022 NOV -9 AM 7:04
JULY 11 2022

A. BUTLER
JAN 30 2023

SEAN W. KELLEY, ESQ. ♦♦
AMY C. KELLEY, ESQ.
SHANE KELLEY, ESQ. ♦ ♦♦
EVE C. COOY, ESQ.

- ♦ LLM - MASTER OF LAWS IN TAXATION
- ♦ CERTIFIED CIRCUIT CIVIL MEDIATOR
- ♦ BOARD CERTIFIED IN WILLS, TRUSTS AND ESTATES
- ♦ FELLOW, AMERICAN COLLEGE OF TRUST AND ESTATE COUNSEL

October 27, 2022

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

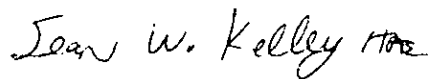
RE: Tecola, LLC – Amendment

Dear Sir/Madam:

Please see enclosed Cover Letter and Articles of Amendment to Articles of Organization of Tecola, LLC, along with a check in the amount of \$25.00 for the required filing fee. Once the changes have been processed, please send written notice to the new registered agent, Lisa Barrett, P.O. Box 3523, St. Augustine, Florida 32085.

Thank you in advance for your assistance in this regard.

Sincerely,



Sean W. Kelley

SWK/tfe
Enclosures (as stated)

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Tecola, 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:

Lisa Barrett
Name of Person

Firm/Company

P.O. Box 3523
Address

St. Augustine, FL 32085
City/State and Zip Code

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

For further information concerning this matter, please call:

Lisa Barrett 904 806-3984
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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**

Tecola, LLC

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

2022 NOV -9 AM 7:04

The Articles of Organization for this Limited Liability Company were filed on March 13, 2007 and assigned
Florida document number L07000027145.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

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:

Lisa Barrett

New Registered Office Address:

3618 1st Street

Enter Florida street address

Saint Augustine

City

Florida 32086

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>
MGRM	Charles O. Barrett	Deceased	<input type="checkbox"/> Add
		Address was 3618 1st Street	<input checked="" type="checkbox"/> Remove
		St. Augustine, FL 32086	<input type="checkbox"/> Change
MGRM	Lisa Barrett, Trustee	3618 1st Street	<input checked="" type="checkbox"/> Add
		St. Augustine, FL 32086	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

[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.


Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00