

LO8000021158

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

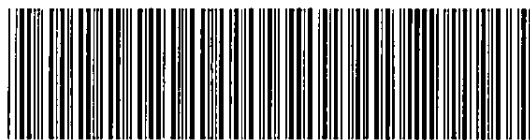
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

RECEIVED
AUG 27 2025
BY _____

Office Use Only



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10/07/25

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2025 AUG 27 PM 4:42

THIS CHECK CLEARED MY ACCOUNT & WAS NOT RETURNED.
WILL I RECEIVE REIMBURSEMENT?



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 29, 2025

ALICIA LOWTHER

4020 55TH ST N #1104
KENNETH CITY, FL 33709

SUBJECT: ALICIA LOWTHER LLC
Ref. Number: L08000021158

check # 2803
cleared 6/12

We have received your document for and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation/ Incorporation, but your entity is a limited liability. Please complete and return the enclosed blank form(s).

If you have any further questions concerning your document, please call (850) 245-6050.

Schelby Harrell
Regulatory Specialist II
Amendment Section

Letter Number: 425A00016687

ALICIA LOWTHER LLC
4020 55TH ST N #1104
KENNETH CITY, FL 33709
Tel: 727-641-3880

June 3, 2025

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

To Whom It May Concern,

I, Robert Daniel Lowther, wish to be removed from the Corporation named Alicia Lowther LLC with Document Number L08000021158 effective immediately.

Sincerely,


Robert Daniel Lowther
Tel: 727-723-4038

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALICIA LOWTHER 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:

ALICIA LOWTHER
Name of Person

ALICIA LOWTHER LLC
Firm/Company

4020 55TH ST N #1104
Address

Kenneth City, FL 33709
City/State and Zip Code

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

For further information concerning this matter, please call:

Alicia Lowther at (727) 646-3880
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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

2025 JUL 27 PM 6:42

ALICIA LAUTHER 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 FEB 28, 2008 and assigned
Florida document number L08000021158.

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)

4604 49TH ST N PMB133
ST. PETERSBURG, FL 33709

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

2000.03.21 21:14:42

(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.

8/25/2025

2025
Alicia L. L. L.
Signature of a member or authorized

Signature of a member or authorized representative of a member

ALICIA LUTHER

Typed or printed name of signee