

L09 000 089 897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

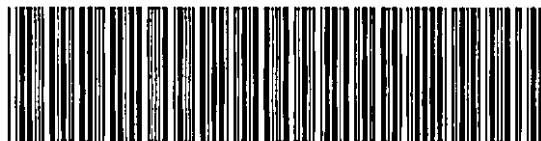
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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09/20/22--01009--011 **25.00

22 SEP 20 AM 9:06

NOTICE TO FILING OFFICER
OFFICE OF CORPORATION

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLUEASH GROUP, 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:

Andrew Sherrod

Name of Person

BlueAsh Group, LLC

Firm/Company

3116 La Reserve Drive

Address

Ponte Vedra Beach, FL 32082

City/State and Zip Code

andrew@blueashgroup.com

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

22 SEP 20 AM 9:06

SECTION OF CORPORATIONS

For further information concerning this matter, please call:

Andrew Sherrod

904

803-1156

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

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>
MR	CHARLES MCDANIEL		<input type="checkbox"/> Add
		PO Box 442 Orchard Hill, GA 30266	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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22 SEP 2006
10:00 AM
OFFICE OF THE
CLERK OF SUPERIOR
COURT
GA 30266
AH 96

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

I would like to confirm the amendment to the mailing address. New/updated mailing address will be:

3116 La Reserve Drive, Ponte Vedra Beach, FL 32082

22 SEP 20 PM 9:06
DIVISION OF REGISTRATION

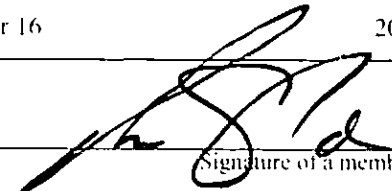
E. Effective date, if other than the date of filing: _____ **(optional)**

(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 September 16, 2022



Signature of a member or authorized representative of a member

Andrew Sherrod

Typed or printed name of signer