

L10000010562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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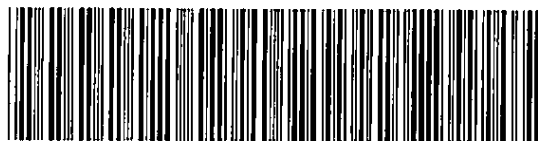
(Business Entity Name)

(Document Number)

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CORPORATION
PH 12:26

A. CLUNT
C/10/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LOUISE DARNELL, 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:

Ethan Darnell

Name of Person

Firm/Company

2151 Windham Dr

Address

Molino FL 32577

City/State and Zip Code

ethandarnell77@yahoo.com

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

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FLORIDA STATE
DIVISION OF CORPORATIONS
SEP 12 2006

For further information concerning this matter, please call:

Ethan Darnell

904 832-7437
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**

LOUISE DARNELL 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 January 28, 2010 and assigned Florida document number L10000010562.

This amendment is submitted to amend the following:

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

DARNELL & DARNELL LLC

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)

2151 Windham Drive

Molino, Florida 32577

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: Ethan Darnell


New Registered Office Address: 111 Paradiso Place

Enter Florida street address

Panama City Beach, Florida 32413
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	Louise Darnell	111 Paridiso Place	<input type="checkbox"/> Add
		Panama City Beach, FL 32413	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Troy Darnell	8501 Moccasin Lake Rd.	<input checked="" type="checkbox"/> Add
		Winston, GA.	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Ethan Darnell	2151 Windham Dr	<input checked="" type="checkbox"/> Add
		Molino, FL 32577	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

STATE
PH 12-26

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

Blank lined area for amendments.

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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 July 28th 2024

Louise M^cGuire
Signature of a member or authorized representative of a member

Louise M^cGuire
Typed or printed name of signee