

L12000082857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

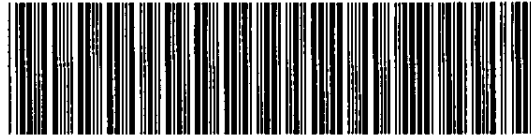
(Business Entity Name)

(Document Number)

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12 SEP 27 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan SEP 28 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sinkhole Joel 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:

Joel Halladay
Name of Person

Sinkhole Joel LLC
Firm/Company

6387 Raley Rd.
Address

Brooksville FL 34601
City/State and Zip Code

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

For further information concerning this matter, please call:

Cecil Davis at (352) 397-1423
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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Sinkhole Joel LLC.

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 6/22/14 and assigned Florida document number L12000082857.

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 end with 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)

630 ~~22.01.12~~ ~~22.01.12~~ ~~22.01.12~~
~~630~~ ~~22.01.12~~ ~~22.01.12~~ ~~22.01.12~~

F. Dr. M. L. King Jr Blvd
Brooksville FL 34601

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

Cecil D. Davis IV

New Registered Office Address:

1519 June Ave

Enter Florida street address

Brooksville

_____, Florida 34601

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 608, 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.

Benjamin A. Smith, IV
If Changing/Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Joel E. Halladay	6397 Raley Rd Brooksville 34601	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Cecil Davis	1519 June Ave Brooksville 34601	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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CLERK OF STATE
TALLAHASSEE, FLORIDA

Dated 26 Sept, 2012.

Cecil Dewitt Davis III
Signature of a member or authorized representative of a member
Cecil Dewitt Davis III
Typed or printed name of signer