

L13 0000 45312

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

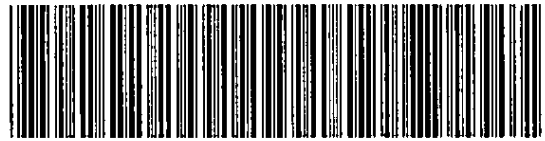
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/23/19--01023--008 **60.00

19 DEC 23 AM 9:24

CLERK OF STATE
DIVISION OF REGISTRATION

JAN 25 2020
C McNAIR

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NOT JUST ANY OLD DAY 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:

DARREN PARK

Name of Person

NOT JUST ANY OLD DAY

Firm/Company

4521 SE 35TH PL

Address

OCALA FL 34480

City/State and Zip Code

notjustanyolddaytoo@gmail.com

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

For further information concerning this matter, please call:

DARREN PARK

818 621-8682
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

19 DEC 23 AM 9:24
TALLAHASSEE, FL
DIVISION OF CORPORATIONS
REGISTRATION SECTION

19 DEC 23 AM 9:24

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

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>
AMBR	DARREN PARK	4521 SE35TH PL	<input checked="" type="checkbox"/> Add
		Ocala FL 34480	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DANIELLE PARK	4521 SE35TH PL	<input checked="" type="checkbox"/> Add
		Ocala FL 34480	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DANIELLE PARK	4521 SE35TH PL	<input type="checkbox"/> Add
		Ocala FL 34480	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

I am Darren Park this is my company
I am new to this process and did not
know what MORT AMBE meant
So when I went to open Bank acct I was
told my wife is AMBE. I need to set up
and change info. Thank you for your
help in this matter

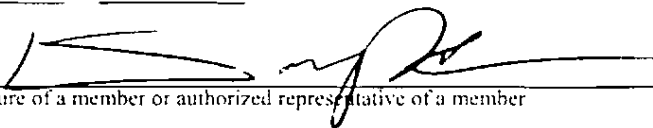
E. Effective date, if other than the date of filing: 11/15/2019 (optional)

(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 December 20th 2019


Signature of a member or authorized representative of a member

DARREN PARK

Typed or printed name of signee