

L13000116173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

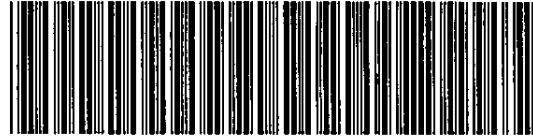
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200292150252

11/28/16--01018--018 **30.00

FILED

2016 DEC 19 PM 2:00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**K. SALY
DEC 22 2016**



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 30, 2016

DIRECTAX SERVICES INC.
TRACY D FRANK
21-3 ARLINGTON RD. NORTH
JACKSONVILLE, FL 32211

SUBJECT: AWESOME IT LLC
Ref. Number: L13000116173

RECEIVED
2016 DEC 16 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for AWESOME IT LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 116A00025469

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AWESOME IT, 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:

Tracy D. Frank

Name of Person

DirecTax Services Inc.

Firm/Company

21-3 Arlington Road North

Address

Jacksonville, FL 32211

City/State and Zip Code

directtaxservice@bellsouth.net

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

For further information concerning this matter, please call:

Tracy D. Frank

904 724-9822
at ()

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

AWESOME IT, LLC

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

FILED
2016 DEC 19 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on AUGUST 16, 2013 and assigned
Florida document number L13000116173.

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)

371 HUFFNER HILL CIRCLE

ST. AUGUSTINE, FL 32092

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

371 HUFFNER HILL CIRCLE

ST. AUGUSTINE, FL 32092

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:

ANWARA SIDDIKA

New Registered Office Address:

371 HUFFNER HILL CIRCLE

Enter Florida street address

ST. AUGUSTINE

City

, Florida 32092

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>
MGRM	ANWARA SIDDIKA	371 HUFFNER HILL CIRCLE	<input checked="" type="checkbox"/> Add
		ST. AUGUSTINE, FL 32092	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RAJIV SIDDIQUI	648 W JOHNS CREEK PKWY	<input type="checkbox"/> Add
		ST. AUGUSTINE, FL 32092	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2016 DEC 19 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 DEC 17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
DEC 19 PM 2:01
CLERK OF DISTRICT COURT
JALHASEE, FLORIDA

(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.

Dated NOVEMBER 19, 2016

Annexa E.D. in

Signature of a member or authorized representative of a member

Anwara Siddika

Typed or printed name of signee