

L14000160399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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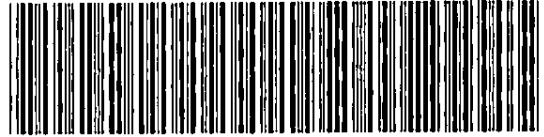
(Business Entity Name)

(Document Number)

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2024 APR 10 PM 1:47

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SECRETARY OF
TALLAHASSEE, FLORIDA

AB

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MANY MANSIONS L.L.C
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:

ONDREA ROCHELLE JAMES

Name of Person

1 MANY MANSIONS L.L.C

Firm/Company

820 SOUTH DOLANS AVE

Address

ORLANDO, FLORIDA 32805

City/State and Zip Code

META-MARKETING SOLUTIONIST@gmail.com

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

For further information concerning this matter, please call:

ONDREA ROCHELLE JAMES

Name of Person

at ()

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

Many Mansions L.L.C.

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

FILED

APR 10 PM 1:47

The Articles of Organization for this Limited Liability Company were filed on 10-14-2014 and assigned
Florida document number L14000160399

This amendment is submitted to amend the following:

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

Many Mansions L.L.C.

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)

520 S. DOLLINS AVE
ORLANDO, FL 32805

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:

Andrea Rochelle James

New Registered Office Address:

520 South Dollins Ave

Enter Florida street address

Orlando

City

Florida

32805

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.

N/A

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MEM/ ANAL	UNDELA ROCHELLE JAMES	520 SOUTH DULMS AVE	<input type="checkbox"/> Add

[Remove this item](#)

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(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)

Filing Fee: \$25.00