

L15000044110

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

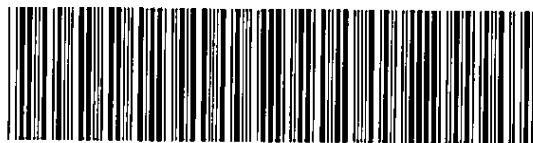
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900416971539

2023 OCT-9 PM 12:40

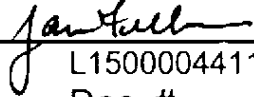
RECEIVED

10/09/23

RECEIVED
2023 OCT-9 AM 10:10
CLERK

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from this account: 120210000160 **\$25.00**

Authorization Signature: 
R and J of Duval, LLC L15000044110
Business Name Doc. #

 Certified Copy of

 Certificate of Status

NEW FILINGS

 Profit Corp
 Not for Profit
 Officer/Director
 Limited Liability
 Domestication
 Other
 CORP
 LLLP

AMENDMENTS

 X Amendment
 Resignation of R.A.
 Change of Registered Agent
 Revocation of Dissolution
 Merger
 Conversion
 Amended and restated Articles
 Statement of Authority

OTHER FILINGS

 Annual Report
 Fictitious Name
 APOSTILLE

Country

REGISTRATION/QUALIFICATIONS

 Foreign filing
 Limited Partnership
 Reinstatement

 Other

2023 Oct -9 PM 12:40
DIVISION OF CORPORATE SERVICES

EXAMINER'S INITIALS: _____

MILNE & BUCKINGHAM

Law Firm

Ronald T. Buckingham
1935-2018

1912 Hamilton Street
Suite 203
Jacksonville, FL 32210
(P) 904-387-5400
(F) 904-384-8215

Douglas J. Milne

Fla. Sup. Ct. Certified
Circuit Civil Mediator
doug@milnecorpjax.com

10/6/23

Date

To: Shirish Capital Carrier Service @
Re: Kandis y Dwd, LLC gmail.com
Enclosed: for filing w/ Sec of State

1. Cover letter
2. Articles of Amendment - to
3. add officers.
4. _____

2023 OCT -9 PM 12:40

Thank you,

DJM

Douglas J. Milne

cc: File

Ryonic N
Mike J
Maria / J

To Teresa -

It was good
talking to you.

Philly,
DJM

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: R and J of Duval, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fcc(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Douglas J. Milne

Name of Person

Milne and Buckingham

Firm/Company

1912 Hamilton St nNo 203

Address

Jacksonville, FL 32210

City/State and Zip Code

Doug@milnecorpjax.com

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

For further information concerning this matter, please call:

Douglas J Milne

904 387.5400

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2023 JUN -9 PM 12:40

COVER LETTER
R AND J OF DUVAL, LLC

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

R and J of Duval,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 February 4, 2005 and assigned
Florida document number L1500044110.

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)

2728	601	-9	PM	12:40
Enter Florida street address				

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<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
_____	_____	_____	<input type="checkbox"/> Add
		_____	<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

2023 OCT 1 PM 4:40
FISH & WILDLIFE
STATE OF CALIFORNIA

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

President Kelly Mike James

Vice President/ Treasurer Robert Newcomer

Secretary Douglas J Milne

2023 OCT -9 PM 12:40
Division of Corporations

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 October 6, 2023, 2023

DJ Milne - authorized rep of a member
Signature of a member or authorized representative of a member

Douglas J Milne, authorized representative of a member

Typed or printed name of signer