

L15000070194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

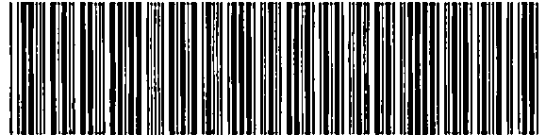
(Business Entity Name)

(Document Number)

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2020 AUG -7 AM 7:07

SECRETARY OF STATE
TALLAHASSEE, FL

D. BRUCE
SEP 28 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UNDER FIVE, 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:

TERRY A ROBERTS

Name of Person

Firm/Company

4918 ORTEGA FOREST DRIVE

Address

JACKSONVILLE, FLORIDA 32210

City/State and Zip Code

terrystogo@gmail.com

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

For further information concerning this matter, please call:

Terry Roberts

904
at ()

813-1513

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

2020 AUG -7 AM 7:07

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

UNDER FIVE,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 April 21, 2015 and assigned
Florida document number L15000070194.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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2015 AUG -7 AM 7:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: TERRY A ROBERTS

New Registered Office Address: 4918 ORTEGA FOREST DRIVE
Enter Florida street address

JACKSONVILLE, Florida 32210
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>
MGR	GARY A ROBERTS	4918 ORTEGA FOREST DRIVE	<input type="checkbox"/> Add
		JACKSONVILLE, FLA 32210	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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JACKSONVILLE
FLORIDA

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2020 AUG -7 AM 7:07

WILLIAMSON

(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.

Signature of a member

Signature of a member or authorized representative of a member

TERRY A ROBERTS

Typed or printed name of signee

Filing Fee: \$25.00