

LIS 000 155 824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

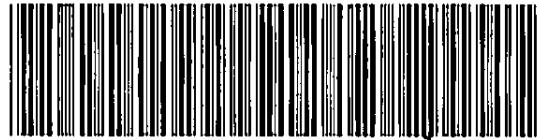
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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: New Opportunities Waiting, 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:

Monica Folsom

Name of Person

Plantation Bookkeeping & Payroll Services, LLC

Firm/Company

PO Box 1264

Address

Perry, FL 32348-1264

City/State and Zip Code

monica@plantationbookkeeping.com

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

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2024 APR 30 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Monica Folsom

850

843-0259

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

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

New Opportunities Waiting, 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 09/14/2015 and assigned
Florida document number L15000155824.

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)

109 Grove Ave.

Perry, FL 32348

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:

Monica Folsom

New Registered Office Address:

423 E. Ash Street

Enter Florida street address

Perry

City

Florida 32347

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.

Monica Folsom

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	Deborah F. Bryson	205 Judson Dr.	<input type="checkbox"/> Add
		Perry, FL 32348	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mgrm	Don Sheffield	109 Grove Ave.	<input checked="" type="checkbox"/> Add
		Perry, FL 32348	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mgrm	Kimberly Sheffield	109 Grove Ave.	<input checked="" type="checkbox"/> Add
		Perry, FL 32348	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mgrm	Elijah Sheffield	109 Grove Ave.	<input checked="" type="checkbox"/> Add
		Perry, FL 32348	<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

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SECRETARY OF STATE
PERRY, FL

SECRETARY OF STATE
TALLAHASSEE, FL

2024 APR 30 PM 3:21
SECRETARY OF STATE
TALLANTA, SEATTLE

10

(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.

Monica Tolan
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00