

L15000171562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

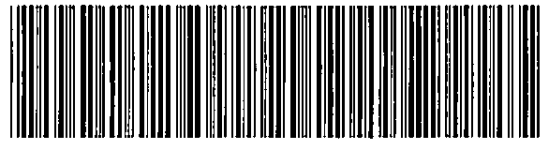
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07/31/24--01027--003 **25.00

FILED
2024 JUL 31 AM 8:27
CLERK OF SUPERIOR COURT
JANUARY 10, 2025

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DOC HUCKSON 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:

Luisa Sanchez

Name of Person

LS ACCOUNTING & TAX SERVICES INC

Firm/Company

16831 NE 15TH AVE

Address

NORTH MIAMI BEACH, FL 33162

City/State and Zip Code

luisa.sanchez@att.net

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

For further information concerning this matter, please call:

Luisa Sanchez

305 205-4203

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**

DOC HUCKSON LLC

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

FILED
2024 JUL 31 AM 8:29
CLERK OF THE COURT
STATE OF FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 07/23/2024 and assigned
Florida document number 115000171562.

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:

16831 ne 15th ave

(Principal office address MUST BE A STREET ADDRESS)

North Miami Beach, FL 33162

Enter new mailing address, if applicable:

16831 NE 15th Ave

(Mailing address MAY BE A POST OFFICE BOX)

North Miami Beach, FL 33162

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:

LUISA SANCHEZ ACCOUNTING AND TAX SERVICES

New Registered Office Address:

16831 ne 15th ave

Enter Florida street address

North Miami Beach

Florida 33162

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	EVOLUTION TRADE LLC	7135 Collins Ave 1016	<input type="checkbox"/> Add
		Miami Beach, FL, 33141	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SEA NJORD LLC	16831 NE 15th Ave	<input checked="" type="checkbox"/> Add
		North Miami Beach, FL, 33162	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

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 7/23/2024, _____

Signature of a member or authorized representative of a member

GANDLAZ, FERNANDO

Typed or printed name of signee

Filing Fee: \$25.00