

216 000056763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

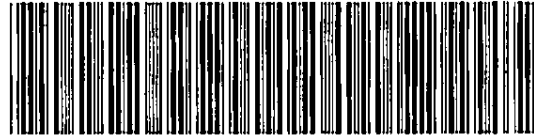
(Business Entity Name)

(Document Number)

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2021 DEC 27 AM 7:49
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Take Action Investment Group
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:

Monique Thompson
Name of Person

Take Action Investment Group
Firm/Company

1006 Buena Vista Ct
Address

Orlando FL 32818
City/State and Zip Code

TAIG301@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Monique Thompson at (904) 990 9299
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

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

FILED

2021 DEC 27 AM 7:49

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

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 3-21-2016 and assigned
Florida document number L16000056763

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) _____

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>
MGR	Monique Thompson	6113 Gamble dr, Orlando, FL 32808	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Krystal Stegane Dixon	6113 Gamble Dr, Orlando FL 32808	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	Myrtle Dixon	6113 Gamble dr, Orlando FL 32808	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	Patrick Dixon	6113 Gamble dr, Orlando FL 32808	<input type="checkbox"/> Add
			<input checked="" 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

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

I am attaching my married
certificate, Monique Smith changed
to Monique Thompson

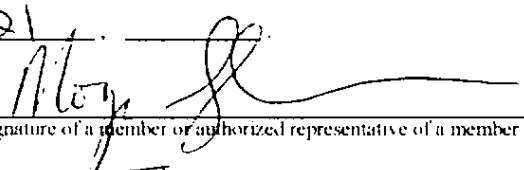
E. Effective date, if other than the date of filing: _____ (optional)

(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 (207) (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 12-23-2021



Signature of a member or authorized representative of a member

Monique Thompson

Typed or printed name of signer

Filing Fee: \$25.00

DEPARTMENT OF HEALTH • OFFICE OF VITAL STATISTICS

(STATE FILE NUMBER)

STATE OF FLORIDA
MARRIAGE RECORDTYPE IN UPPERCASE
USE BLACK INKThis license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

2020-ML-007337-0

(APPLICATION NUMBER)

APPLICATION TO MARRY

1. NAME OF SPOUSE (First, Middle, Last) DANIEL (NMN) THOMPSON		1b. MAIDEN SURNAME (if applicable)	2. DATE OF BIRTH (Month, Day, Year) 07/26/1992
3a. RESIDENCE - CITY, TOWN, OR LOCATION ORLANDO	3b. COUNTY ORANGE	3c. STATE FLORIDA	4. BIRTHPLACE (State or Foreign Country) JAMAICA
5a. NAME OF SPOUSE (First, Middle, Last) MONIQUE G SMITH		5b. MAIDEN SURNAME (if applicable) SMITH	6. DATE OF BIRTH (Month, Day, Year) 12/09/1991
7a. RESIDENCE - CITY, TOWN, OR LOCATION ORLANDO	7b. COUNTY ORANGE	7c. STATE FLORIDA	8. BIRTHPLACE (State or Foreign Country) JAMAICA

WE, THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF SPOUSE (sign full name using black ink) <i>[Signature]</i>	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (Date) 9/29/2020
11. TITLE OF OFFICIAL CLERK OF THE CIRCUIT COURT	12. SIGNATURE OF OFFICIAL (Use black ink) <i>[Signature]</i>
13. SIGNATURE OF SPOUSE (sign full name using black ink) <i>[Signature]</i>	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (Date) 9/29/2020
15. TITLE OF OFFICIAL CLERK OF THE CIRCUIT COURT	16. SIGNATURE OF OFFICIAL (Use black ink) <i>[Signature]</i>

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE ORANGE	18. DATE LICENSE ISSUED 09/29/2020	18a. DATE LICENSE EFFECTIVE 10/02/2020	19. EXPIRATION DATE 11/28/2020
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>[Signature]</i>		20b. TITLE CLERK OF THE CIRCUIT COURT	20c. BY D.C. JSE

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED SPOUSES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) 10/04/2020	22. CITY, TOWN, OR LOCATION OF MARRIAGE Orlando, FL 32818
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>[Signature]</i>	23b. ADDRESS (Optional - for recording purposes) 7631 White Trillum Circle
23c. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) PAMELA D. FREEMAN Notary Public State of Florida	24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>
	25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>



PAMELA D. FREEMAN

Notary Public

State of Florida

ON BEHALF OF

USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED						
SPOUSE	26. SOCIAL SECURITY NUMBER 734-37-2226	27. RACE BLACK	28. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	IF ANSWER IS 'YES' TO ITEM 28, THEN COMPLETE ITEMS 29a, 29b, AND 29c: 29a. NO. OF THIS MARRIAGE 2	29b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT) DIVORCE	29c. DATE LAST MARRIAGE ENDED (Mo., Day, Year) 05/22/2020
	SPOUSE	30. SOCIAL SECURITY NUMBER 770-40-6730	31. RACE BLACK	32. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	IF ANSWER IS 'YES' TO ITEM 32, THEN COMPLETE ITEMS 33a, 33b, AND 33c: 33a. NO. OF THIS MARRIAGE 2	33b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT) DIVORCE

DH Form 743, 01/2015, Florida Administrative Code Rule 64V-1.020 (Obsoletes Previous Editions)
State of Florida, County of OrangeI hereby certify that the foregoing is a true and correct copy of the instrument filed in this office.
Confidential or sealed items, if any, have been removed per Fla.R. Jud. Admin. 2.420.Witness my hand and official seal this 5th day of October 2020By: Tiffany Moore Russell Clerk of the Circuit Court
By: Mayra C. Cano Deputy Clerk