

L17 C C C C C 5076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

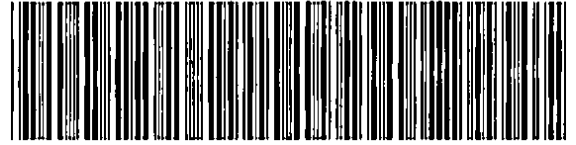
Certificates of Status _____

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

19 AUG 21 PM 4:09

FILED

AUG 21 2019

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 31, 2019

STEPHANIE BELL
13810 SUTTON PARK DRIVE N
APT 1227
JACKSONVILLE, FL 32224

SUBJECT: BIOFEEDBACK JAX, LLC
Ref. Number: L17000005076

We have received your document for BIOFEEDBACK JAX, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 519A00015693

2019 AUG 19 PM 2:15

RECEIVED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BIOFEEDBACK JAX, 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:

STEPHANIE BELL
Name of Person

Firm/Company

13910 SUTTON PARK DR N APT 1227
Address

JACKSONVILLE, FL 32224
City/State and Zip Code

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

For further information concerning this matter, please call:

STEPHANIE BELL at (904) 472-5563
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RECEIVED

JUL 22 2019

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

BIOFEEDBACK TAX, 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 JAN 6, 2017 and assigned
Florida document number L170000050716.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SKBELL, LLC

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 add 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
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

[illegible]

(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 or authorized representative of a member

Typed or printed name of signee