

L170000 31453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800341178638

03/11/20--01010--015 **30.00

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ATTN: CLERK

2020 MAR 11 PM 6: 24

FILED

MAR 26 2020

S. YOUNG

EMPOWERING AMERICA'S ENTREPRENEURS

Enitia Corporation

315 West Huron, Suite 240

Ann Arbor, MI 48103

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

March 5, 2020

Re: get n dirty LLC

Dear Sir or Madam:

Enitia Corporation has been authorized by wilbur wood to file the enclosed Amendment for get n dirty LLC, Enitia Corporation is acting only as the Incorporator.

If you need any additional information, you can reach us at

1-877-281-6496 (toll free)
documents@directincorporation.com

We have enclosed an additional \$5.00 for one "Certificate of Status". For your convenience, I have enclosed a self-addressed envelope.

Thank you,

Enitia Corporation

COVER LETTER

**TO: Registration Section
Division of Corporations
GET" N DIRTY "LLC"**

SUBJECT: _____
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:

Shannon Stahlin

Name of Person

Direct Inc.

Firm/Company

315 W Huron Ste 240

Address

Ann Arbor, MI 48103

City/State and Zip Code

documents@directincorp.com

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

For further information concerning this matter, please call:

Shannon Stahlin

877 281-6496

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**

GET" N DIRTY "L.L.C"

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

FILED
2020 MAR 11 PM 6:24
CLERK OF COURT
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/08/2017 and assigned Florida document number 1.17000031453.

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2740 SW Howell St.

(Principal office address MUST BE A STREET ADDRESS)

Lake City, FL 32024

Enter new mailing address, if applicable:

2740 SW Howell St.

(Mailing address MAY BE A POST OFFICE BOX)

Lake City, FL 32024

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:

2740 SW Howell St.

Enter Florida street address

Lake City

Florida

32024

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>
P	WOOD, WILBUR E		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		2740 SW Howell St., Lake City, FL 32024	<input checked="" type="checkbox"/> Change
VP	WOOD, BARBARA T		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		2740 SW Howell St., Lake City, FL 32024	<input checked="" type="checkbox"/> Change
VP	WOOD, BARBARA J		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		2740 SW Howell St., Lake City, FL 32024	<input checked="" 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
			<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.)

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.

March 5 2020
Dated _____



Signature of a member or authorized representative of a member
Shannon Stahlin, Authorized Representative

Typed or printed name of signee