

L17000047812

(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



000308531210

02/02/18 --01019--023 **25.00

2018 FEB 05 10:23:00

FEB 05 2018
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Peace-Filled Living, 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:

Kinyarta S. Edwards Williams

Name of Person

Firm/Company

731 Duval Station Road, Suite 107-324

Address

Jacksonville, Florida 32218

City/State and Zip Code

kinyarta@kinyartashanay.com

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

For further information concerning this matter, please call:

Kinyarta S. Edwards Williams 850 346.0853

Name of Person at () _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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

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

Peace-Filled Living, 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 March 01, 2017 and assigned
Florida document number 117000047812.

This amendment is submitted to amend the following:

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

j. yanahs, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

731 Duval Station Road, Suite 107-324

Jacksonville, FL 32218

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

731 Duval Station Road Suite 107-324

Jacksonville, Florida 32218

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>
_____	_____	_____	<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
_____	_____	_____	<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

[illegible]

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

(b) The 90th day after the record is filed.

12/07/2017

10/14/05

Kinyarta S. Edwards Williams
Typed or printed name of signee



INVOICE

Invoice # 120
Date: 03/31/2017
Due Upon Receipt

Law Office of Ticora E. Davis, PLLC

8501 Tower Point Drive; Suite B5
Charlotte, North Carolina 28227

Kinyarta Edwards Williams
3550 Victoria Lakes Drive N
Jacksonville, FL 32226

17-00022-Edwards Williams-Copyright Application

Copyright Application

Type	Date	Notes	Quantity	Rate	Total
Service	03/31/2017	Copyright registration app.: Legal services: legal consultation, assessment of creative work, preparation of copyright registration application w/two opportunities for client to review and revise draft; file and monitor application as it progresses through US Copyright Office, regular client updates, manage process until client receives certificat eof copyright registration	1.00	\$250.00	\$250.00
Total					\$250.00
Payment (03/31/2017)					-\$250.00
Balance Owing					\$0.00

Detailed Statement of Account

Current Invoice

Invoice Number	Due On	Amount Due	Payments Received	Balance Due
120	03/31/2017	\$250.00	\$250.00	\$0.00