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DocuSign Envelope ID: FFDA0EF6-5CE8-498B-8CFD-A7169B81E618 COVER LETTER TO: Registration Section **Division of Corporations** Reagan Healey Consulting, 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: Jill Healey Name of Person Firm/Company 127 West Fairbanks Avenue, #107 Address Winter Park, FL 32789 City/State and Zip Code jillhealey11@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jill Healey Name of Person 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

DocuSign Envelope ID: FFDA0EF6-5CE8-498B-8CFD-A7169B81E618 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Reagan Healey Consulting, LLC

(Name of the Limit	ed Liability Company (A Florida Limited Liab	as it now appears oility Company)	on our records.)		
The Articles of Organization for this Limited Liability Company were filed on4/3/17 and as Elorida document numberL17000074424					
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	f the limited liabil <u>i</u> t	y company hei	<u>·e</u> :		
Jill Healey, LLC					
The new name must be distinguishable and contain the w	ords "Limited Liability	Company," the de	signation "LLC" or the abb	reviation "L:L.C."	
Enter new principal offices address, if applica	able:			23 🕀	
(Principal office address MUST BE A STREE			N GET		
	<u>-</u>			<u> </u>	
Enter new mailing address, if applicable:	_				
(Mailing address MAY BE A POST OFFICE A	BOX)			27	
		•			
B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent:		dress on our re	cords, <u>enter the name</u>	e of the new registered	
	127 West Fai	irbanks Avenu	· . #107		
New Registered Office Address:	TE/ WEST FAI		da street address		
	Winter Park		, Florida	2789	
	-	City	, Fibrida	Zip Code	
New Registered Agent's Signature, if changing F	Registered Agent:				
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registering filed to merely reflect a change in the recompany has been notified in writing of this second acceptance.	er and complete pe stered agent as pro registered office ac	erformance of i ovided for in C	ny duties, and I am fo hapter 605, F.S. Or, i	amiliar with and if this document is	

li Changing Registered Agent, Signature of New Registered Agent

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II amenuing Authorized rerson(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>	Address	Type of Action
MGR	Bee Square Tax Consultation and Service	1650 Sand Lake Rd., Ste 115	□Add
		Orlando, FL 32809	⊠Remove
			
MGR	Jill Healey	127 West Fairbanks Avenue, #107	⊠Add
		Winter Park, FL 32789	□Remove
			□Change
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in effective date	if other than the d is listed, the date must b	e specific and	cannot be pri	or to date of fil	ing or more tha	optior (option 90 days after f	iling.) Pursuant to	605.02
	e inserted in this bloc ctive date on the Dep				ory filing requ	irements, this	date will not be	listed a
ecord specifies is filed.	s a delayed effective o	late, but not	an effective	time, at 12:0	l a.m. on the	earlier of: (b)	The 90th day a	ifter th
ited6,	/9/2023 4:25 A	.M PDT	•	·				
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