

L17000119467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

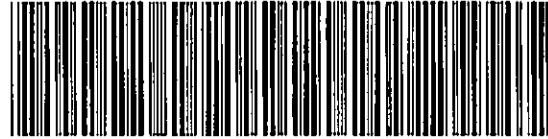
(Business Entity Name)

(Document Number)

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18 JAN -4 PM 2:42
TALLAHASSEE, FLORIDA

S. WARREN

JAN 05 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: The Ticket Pickers 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:

Bryce Wilson

Name of Person

The Ticket Pickers LLC

Firm/Company

25317 tradewinds dr

Address

Land O Lakes, FL 34639

City/State and Zip Code

bmwilson5@yahoo.com

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

For further information concerning this matter, please call:

Bryce Wilson

813

5450633

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

The Ticket Pickers 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 5/31/17 and assigned
Florida document number 1.17000119467.

This amendment is submitted to amend the following:

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

Ticket Pickers 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:

19046 Bruce B. Downs Blvd. #1022

(Principal office address MUST BE A STREET ADDRESS)

Tampa, FL 33647

Enter new mailing address, if applicable:

19046 Bruce B. Downs Blvd. #1022

(Mailing address MAY BE A POST OFFICE BOX)

Tampa, FL 33647

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:

19046 Bruce B. Downs Blvd. #1022

Enter Florida street address

Tampa

City

Florida 33647

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	Bryce Wilson		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		19046 Bruce B. Downs Blvd. #1022	<input checked="" type="checkbox"/> Change
AR	Barbara Wilson		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		19046 Bruce B. Downs Blvd. #1022	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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JAN 18 2018

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

I would like for the addresses of both the MGR (Bryce Wilson) and AR (Barbara Wilson) to be changed to ~~19046 E.~~

19046 Bruce B. Downs Blvd. #1022

Tampa, FL 33647

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

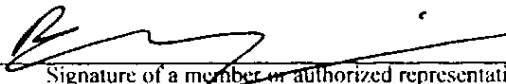
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

Dated 12/29, 2017.



Signature of a member or authorized representative of a member

Bryce Wilson

Typed or printed name of signee

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TAMPA, FL 33604