

L17 0000121024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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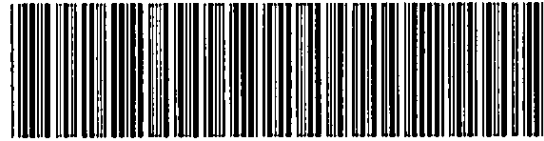
(Business Entity Name)

(Document Number)

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2023 JAN -4 AM 11:03
FACILITY - ST. LOUIS, MO

MS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LLC FRAUD
Name of Limited Liability Company

The enclosed articles, certificate and fee(s) are submitted for filing.

Please refer all correspondence concerning this matter to the following:

Shaquandra Woods

Name of Person

Firm Company

P.O. Box 7115

Address

Tallahassee, Florida 32338

City, State and Zip Code

sha.woods1aw@gmail.com

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

For further information concerning this matter, please call:

Shaquandra Woods

904

683-2955

at ()

Name

Area Code

Daytime Telephone Number

Enclosure(s) enclosed: \$0.00 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 6527
Tallahassee, FL 32311

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STANDARD COPY

2023 JAN -4 AM 11:03

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

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 06/02/2019 and assigned
Florida document number 217000121024.

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 in English and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal office 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 state agent and/or registered office address on our records, enter the name of the new registered agent and the new Florida LLC office address here:

Name of New Registered Agent:

Signature of New Registered Agent

Enter Florida street address

Florida

City

Zip Code

New Registered Agent, by signing, certifying, and changing Registered Agent:

I hereby accept the amendment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of the state constitution, to the proper and complete performance of my duties, and I am familiar with and accept the obligations of a person acting as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to change the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

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 Manager

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CLP	John W. Wells	5501 Westconnett Blvd - Unit 7115	☐ Add
		Jacksonville, Florida	☐ Remove
		32224	☒ Change
AMBR	James S. Terrence, PLLC	5501 Westconnett Blvd-Unit 7115	☐ Add
		Jacksonville, Florida	☐ Remove
		32224	☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Add
			☐ Remove
			☐ Change

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S. J. J. J.
IAH. J. J. J. J.

2028.101-4 AH1:03

Note: If the date listed in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document effective date in the Department of State's records.

Date: 12-31-22

Shag A. W. HS
Signature of a member of the

Signature of a member or authorized representative of a member

Typed or printed name of signer