

L17000141521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

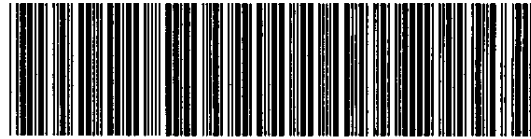
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Handwritten signature and date: 9/27/17

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17 SEP 26 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Victor Jesse Faulkner 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:

VICTOR FAULKNER

Name of Person

Firm/Company

1008 BOUGAINVILLEA RD

Address

LEHIGH ACRES, FL 33936

City/State and Zip Code

jckaccounting@gmail.com

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

For further information concerning this matter, please call:

Victor Jesse Faulkner

Name of Person

239
at ()
Area Code

431-5198

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**

VICTOR JESSE FAULKER 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 06/29/2017 and assigned
Florida document number L17000141521.

This amendment is submitted to amend the following:

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

VICTOR JESSE FAULKNER 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:

(Principal office address MUST BE A STREET ADDRESS)

1008 BOUGAINVILLEA RD

LEHIGH ACRES, FL 33936

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1008 BOUGAINVILLEA RD

LEHIGH ACRES, FL 3936

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

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17 SEP 26 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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	VICTOR FAULKNER	1008 BOUGAINVILLEA RD	<input type="checkbox"/> Add
		LEHIGH ACRES, FL 33936	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

Correct Address

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

FILED
17 SEP 26 AM 8:26
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TALLAHASSEE, FLORIDA

Note: Correcting spelling of corporate name
& address

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

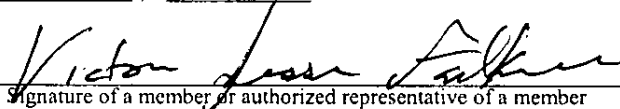
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 JULY 10, 2017


Signature of a member or authorized representative of a member

VICTOR JESSE FAULKER

Typed or printed name of signee

Detail by Entity Name

Florida Limited Liability Company
VICTOR JESSE FAULKNER LLC

Filing Information

Document Number L17000141521
FEI/EIN Number NONE
Date Filed 06/29/2017
Effective Date 06/29/2017
State FL
Status ACTIVE

Principal Address

1008 BOUGAINVILLEA RD
CAPE CORAL, FL 33990

Mailing Address

1008 BOUGAINVILLEA RD
CAPE CORAL, FL 33990

Registered Agent Name & Address

GARIEPY, LEE
5683 STRAND CT
SUITE 3
NAPLES, FL 34110

Authorized Person(s) Detail**Name & Address**

Title MGR

FAULKNER, VICTOR
1008 BOUGAINVILLEA RD
CAPE CORAL, FL 33990

Annual Reports

No Annual Reports Filed

Document Images

06/29/2017 -- Florida Limited Liability [View image in PDF format](#)

- should be

Victor Jesse Faulkner, LLC

} Address:
1008 Bougainvillea Rd
LEHIGH ACRES, FL
33936