

L17000155206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

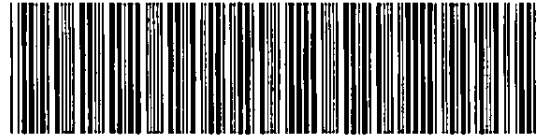
(Document Number)

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DIVISION OF CORPORATIONS

17 AUG 16 PM 4:54

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AUG 16 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: "Married 2 Money" LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Terry L. Clay Sr
Name of Person

"Married 2 Money" LLC
Firm/Company

4495-304 Suite 111
Address

Tallahassee FL 32210
City/State and Zip Code

trry-clay@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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

"Married 2 Money" 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 07/20/2017 and assigned Florida document number 41700015526

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 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Terry L. Clay Sr

New Registered Office Address:

4495-304 Roosevelt Blvd, Ste 111

Enter Florida street address

Jacksonville, Florida 32210

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.

Terry L. Clay Sr

If Changing Registered Agent, Signature of New Registered Agent

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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	Terry L. Clays	6017 Roosevelt Blvd Apt 16	<input type="checkbox"/> Add
		Jacksonville, FL 32244	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Samuel C. Huston	6925 Ortega Woods	<input type="checkbox"/> Add
		Dr. Unit 16	<input checked="" type="checkbox"/> Remove
		Jacksonville, FL 32210	<input type="checkbox"/> Change
AMBR	Willie J. Robinson	1636 West 25th St	<input type="checkbox"/> Add
		Jacksonville, FL 32209	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Enrico Hill	6017 Roosevelt Blvd	<input type="checkbox"/> Add
		Apt 86	<input checked="" type="checkbox"/> Remove
		Jacksonville, FL 32244	<input type="checkbox"/> Change
AMBR	Linda Southwell	1636 West 25th St	<input type="checkbox"/> Add
		Jacksonville, FL	<input checked="" type="checkbox"/> Remove
		32209	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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DIVISION OF CONFINEMENTS

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

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

8/8

2017

6/8 2017
Jerry L. Clay Sr.
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Terry L Clay Sr
Typed or printed name of signer

Typed or printed name of signee