

117000185885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

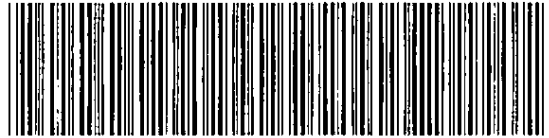
Certificates of Status _____

Special Instructions to Filing Officer:

Signatures

W23000111465

Office Use Only



400412147724

07/13/23--01005--019 **55.00

FILED
2023 AUG 28 AM 8:05
SECRETARY OF STATE
TALLAHASSEE, FL

SEP - 3 2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Anastacia Lewis, 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:

Anastacia Alvarez

Name of Person

Anastacia Lewis, LLC

Firm/Company

5117 Hood Rd.

Address

Jacksonville FL 32257

City/State and Zip Code

anathegoatrealstate@gmail.com

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

For further information concerning this matter, please call:

Anastacia Alvarez

904 838-0749
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

FILED

2023 AUG 28 AM 8:05

Anastacia Lewis, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 8/30/2017 and assigned
Florida document number L17000185885.

This amendment is submitted to amend the following:

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

Anastacia Alvarez, 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:

5117 Hood Rd.

(Principal office address MUST BE A STREET ADDRESS)

Jacksonville FL 32257

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:

Anastacia Alvarez

New Registered Office Address:

5117 Hood Rd.

Enter Florida street address

Jacksonville


City

Florida 32257

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

[illegible]

[illegible]

(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)

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 8/24/23

Anastacia Alvarez
Typed or printed name of signee

Filing Fee: \$25.00

Department of Health • Office of Vital Statistics

STATE OF FLORIDA
MARRIAGE RECORD

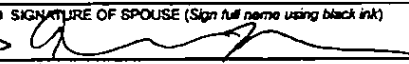

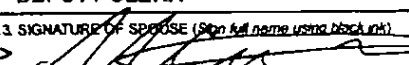


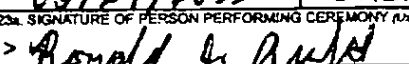
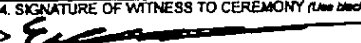
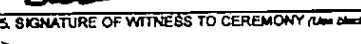
TYPE IN UPPER CASE
USE BLACK INK

This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

(STATE FILE NUMBER)

2023 ML 4729164

(APPLICATION NUMBER)

APPLICATION TO MARRY			
1. NAME OF SPOUSE (First, Middle, Last)		10. MAIDEN SURNAME (if applicable)	2. DATE OF BIRTH (Month, Day, Year)
ANASTACIA MINNIE LEWIS		ROTHENBUSH	6/7/1980
3a. RESIDENCE - CITY, TOWN OR LOCATION	3b. COUNTY	3c. STATE	4. BIRTHPLACE (State or Foreign Country)
JACKSONVILLE	DUVAL	FLORIDA	LOUISIANA
5a. NAME OF SPOUSE (First, Middle, Last)		5b. MAIDEN SURNAME (if applicable)	6. DATE OF BIRTH (Month, Day, Year)
MIGUEL ANGEL AGUIAR ALVAREZ			2/1/1964
7a. RESIDENCE - CITY, TOWN OR LOCATION	7b. COUNTY	7c. STATE	8. Birthplace (State or Foreign Country)
JACKSONVILLE	DUVAL	FLORIDA	SPAIN
WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.			
9. SIGNATURE OF SPOUSE (Sign full name using black ink)		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)	
> 		3/22/2023	
11. TITLE OF OFFICIAL		12. SIGNATURE OF OFFICIAL (Use black ink)	
DEPUTY CLERK		> 	
13. SIGNATURE OF SPOUSE (Sign full name using black ink)		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)	
> 		3/22/2023	
15. TITLE OF OFFICIAL		16. SIGNATURE OF OFFICIAL (Use black ink)	
DEPUTY CLERK		> 	
LICENSE TO MARRY			
AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.			
17. COUNTY ISSUING LICENSE	18. DATE LICENSE ISSUED	18a. DATE LICENSE EFFECTIVE	19. EXPIRATION DATE
DUVAL	3/22/2023	3/25/2023	5/24/2023
20a. SIGNATURE OF COURT CLERK OR JUDGE		20b. TITLE	20c. BY D.C.
> 		CLERK OF THE CIRCUIT COURT	RAE
CERTIFICATE OF MARRIAGE			
I HEREBY CERTIFY THAT THE ABOVE NAMED SPOUSES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.			
21. DATE OF MARRIAGE (Month, Day, Year)		22. CITY, TOWN OR LOCATION OF MARRIAGE	
03/27/2023		JACKSONVILLE BEACH, FLORIDA	
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink)		23c. ADDRESS (Of person performing ceremony)	
> 		130 15TH AVE N. JACKSONVILLE BEACH, FL	
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp)		24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)	
Ronald J. Auld - Minister Ordained		> 	
		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)	
		> 	

STATE OF FLORIDA
DUVAL COUNTY

I, UNDERSIGNED Clerk of the Circuit & County Courts, Duval County, Florida, DO HEREBY CERTIFY the within and foregoing, consisting of 1 pages, is a true and correct copy of the original as it appears on record and file in the office of the Clerk of Circuit & County Courts of Duval County, Florida.

WITNESS my hand and seal of Clerk of Circuit & County Courts at Jacksonville, Florida, this the 29 day of Mar A.D. 2023

Clerk, Circuit and County Courts

Duval County, Florida

By 
Deputy Clerk



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 15, 2023

ANASTACIA ALVAREZ
5117 HOOD RD.
JACKSONVILLE, FL 32257

SUBJECT: ANASTACIA LEWIS, LLC
Ref. Number: L17000185885

We have received your document for ANASTACIA LEWIS, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 723A00018733

