

L170002063 12

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

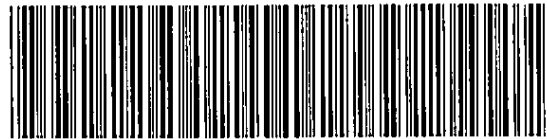
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JUL 31 2019

19 JUL 31 AM 10:39

Amend

FILED
2019 JUL 31 AM 10:40
SECRETARY OF STATE
TALLENTS SECRET FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WELDON ADJUSTING, 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:

Paula M. Sparkman

Name of Person

Lowe & Sparkman, P.A.

Firm/Company

68-A Feli Way

Address

Crawfordville, Florida 32327

City/State and Zip Code

paula@lowesparkman.com

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

For further information concerning this matter, please call:

Michelle Maloni

at (850) 926-8245

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**

WELDON ADJUSTING 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 10/05/2017 and assigned
Florida document number L17000206312.

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)

1922 Sunset Lane
Tallahassee, FL 32303

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

216 E Clay Street
Thomasville Ga 31792

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:

Jacqueline Alexis Weldon

New Registered Office Address:

1922 Sunset Lane

Enter Florida street address

Tallahassee Florida 31792 32303

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.



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	William C. Weldon	8829 Roberts Road	<input type="checkbox"/> Add
		Odessa, FL 33556	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jacqueline Alexis Weldon	216 E. Clay Street	<input checked="" type="checkbox"/> Add
		Thomasville, GA 31792	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Ron Bryson	5056 Glenn Drive	<input checked="" type="checkbox"/> Add
		New Port Richey, FL 34652	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[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)

(b) The 90th day after the record is filed.

Casey Weldon
Signature of a

Signature of a member or authorized representative of a member

Typed or printed name of signee