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SEGRETARY OF STATE

A. BUTLER APR 0 6 2022

COVER LETTER

TO: Registration Division of C	Section Corporations		
LAURA	D BRAMBLE LLC	•	
SUBJECT:	Name of Lin	nited Liability Company	·
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.	
Please return all corre	spondence concerning this matter	r to the following:	
	LAURA D CARUTHERS	S	
		Name of Person	
	LAURA D CARUTHERS	S LLC	
		Firm/Company	 _
	13907 GRENADA WAY		
		Address	
	FORT MYERS, FL 3390;	5	
		City/State and Zip Code	
	LAURA@LAURACARU	THERS.COM (to be used for future annual report no	
For further information	n concerning this matter, please c	·	iffication)
LAURA CARUTHEI	RS	239 229-43(19 at ()	
Nam	e of Person		ne Telephone Number
Enclosed is a check fo	r 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 Addi Registration		Street Address: Registration Sc	vetion
Division of	Corporations	Division of Co	
P.O. Box 6.	327 e, FL 32314	The Centre of	
rananassec	4 CM 34314	2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

LAURA D BRAMBLE LLC

2022 HAR 21 PM 4: 15

(Name of the Limited Liability	Company as it now appears on our records.) imited Liability Company) SELRETA: A SECONDARY
TA Fibrida C	TALLAHAS STATE
The Articles of Organization for this Limited Liability Cor	mpany were filed on 10/12/2017 records.) Company as it now appears on our records.) SEURETAL: TOF STATE TALLAHASSEE, FL and assigned
Florida document number L17000211255	,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
LAURA D. CARUTHERS, LLC	
The new name must be distinguishable and contain the words "Limite	d 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 ADDRE	(SS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered o	office address on our records, enter the name of the new register
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	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 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

Title	<u>Name</u>	Address	Type of Action
			□Remove
			
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
			□Change
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			□Remove
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iffect	ve date, if other than the date of filing: (optional) cetive 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 (
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
locum	ent's effective date on the Department of State's records.
d is ti	I 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 ed.
Dated	MARCH 16TH 2022
	Signature of a member or authorized representative of a member
	LAURA D CARUTHERS
	Typed or printed name of signee

Filing Fee: \$25.00