

L17000212251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

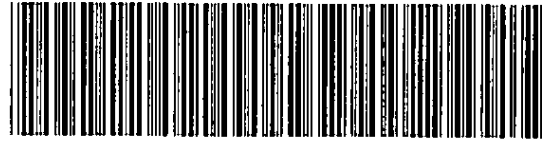
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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AND
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2019 APR - 8 AM 10: 21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T.G.
04/29/19



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 21, 2019

BRIAN MOHR
2039 BILL FLAGLE WAY
SEVIERVILLE, TN 37876

SUBJECT: RENEE FORD, LLC
Ref. Number: L17000212251

We have received your document for RENEE FORD, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

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) 245-6052.

Tacarri K Glass
Regulatory Specialist II

Letter Number: 919A00005645

SECTION 605.0203(1)
FLORIDA STATUTES
REQUIRES SIGNATURE OF
AUTHORIZED REPRESENTATIVE

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2019/03-22 PM 1:25

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Renee Ford 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:

Brian Mohr
Name of Person

Firm/Company

2039 Bill Flagle Way
Address

Sevierville, Tn 37876
City/State and Zip Code

Mohrman@nycap.rr.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL 32301

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For further information concerning this matter, please call:

Brian Mohr at (518) 290-4736
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

Renee Ford 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 10/13/17 and assigned Florida document number L17000212251.

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)

~~_____

_____~~

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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~~

~~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

Title	Name	Address	Type of Action
<u>AMBR</u>	<u>Renee Ford</u>	<u>3061 Old Newport Hwy</u>	⌘ Add
		<u>Sevierville, Tn 37876</u>	⌘ Remove
			⌘ Change
<u>MGR</u>	<u>Brian Mohr</u>	<u>2039 Bill Flagle Way</u>	⌘ Add
		<u>Sevierville, Tn 37876</u>	⌘ Remove
			⌘ Change
			⌘ Add
			⌘ Remove
			⌘ Change
			⌘ Add
			⌘ Remove
			⌘ Change
			⌘ Add
			⌘ Remove
			⌘ Change
			⌘ Add
			⌘ Remove
			⌘ Change

2009 APR 08 AM 10:21
 SECRETARY OF STATE
 1A LAMAR STREET
 COLUMBIA, TN 38401
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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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 3/20/19

Brian Mohr
Signature of a member or authorized representative of a member

Brian Mohr
Typed or printed name of signee