

L17000226396

(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:

Office Use Only



600310696556

03/20/18--01020--019 **60.00

FILED

18 MAR 20 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
MAR 21 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TEN YARDS INVESTMENTS AND Promotions 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:

DYRON GARVIN / RICKI ROBERTS
Name of Person

TEN YARDS CONSULTING LLC.
Firm/Company

3841 NW 173 TERRACE
Address

MIAMI GARDENS, FLA 33085
City/State and Zip Code

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

For further information concerning this matter, please call:

DYRON L. GARVIN at (305) 733 1766
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**

TEN YARDS INVESTMENTS AND PROMOTIONS 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 01 NOVEMBER 2017 and assigned Florida document number L17000226396

This amendment is submitted to amend the following:

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

TEN YARDS CONSULTING 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: 3841 NW 173 TERRACE
(Principal office address MUST BE A STREET ADDRESS) MIAMI GARDENS, FL
33055

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:

DYRON L. GARVIN

New Registered Office Address:

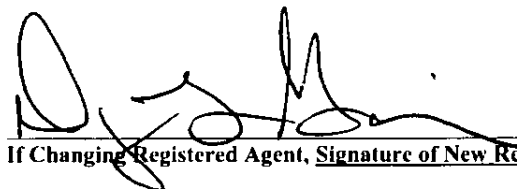
3841 NW 173 TERRACE

Enter Florida street address

MIAMI GARDENS, Florida 33055
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	BICKI S. ROBERTS	3841 NW 173 TERRACE	<input checked="" type="checkbox"/> Add
		MIAMI GARDENS, FLA	<input type="checkbox"/> Remove
		33055	<input type="checkbox"/> Change
AMGR	DYRON L. GARVIN	3841 NW 173 TERRACE	<input checked="" type="checkbox"/> Add
		MIAMI GARDENS, FLA	<input type="checkbox"/> Remove
		33055	<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

FILED
MAR 20 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

CHANGE = RICKI ROBERTS TO MANAGER

CHANGE = DYRON GARVID TO AUTHORIZED MANAGER

FILED
18 MAR 20 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 01 NOVEMBER 2017 (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 16 MARCH, 2018

rick roberts

[Signature]

Signature of a member or authorized representative of a member

RICKI S. ROBERTS / DYRON L. GARVID, MGR
Typed or printed name of signer