

L17000238347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐

MAIL

(Business Entity Name)

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Certified Copies _____

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2018 SEP 24 AM 8:26

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FILING OFFICE
TALLAHASSEE, FLORIDA

D BRUCE
SEP 26 2018

off. 9-30-18

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Amazing Sales L.L.C.

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:

Jeremy Blevins

Name of Person

Amazing Sales L.L.C.

Firm/Company

4333 SW Masefield St

Address

Port St. Lucie FL 34953

City/State and Zip Code

jblevins0398@gmail.com

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

For further information concerning this matter, please call:

Jeremy Blevins

772 777-5289
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
2018 SEP 24 AM 8:28
TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

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

Amazing Sales L.L.C.

(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 11/17/18 and assigned
Florida document number L17000238397.

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)

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

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2018 SEP 24 AM 8:26
TALLAHASSEE FL 32301
CLERK OF CIRCUIT COURT

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	Jeremy Blevins	4333 SW Maselfield St., Port St. Lucie FL 34953	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		From 0% to 99%	<input checked="" type="checkbox"/> Change
AMBR	Virginia Blevins	4333 SW Maselfield St., Port St. Lucie FL 34953	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		From 100% to 1%	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2010 SEP 24 AM 8:26
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 09-24-2010 BY 60322
UC/LAW

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

2018 SEP 24 AM 11:01
CENTRAL
FALLS, INDIANA

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2010 SEP 24 AM 8:28
FBI - TAMPA
TALLAHASSEE, FLORIDA

9/30/18

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.

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

Dated September 30, 2018

Virginia Blevins
Signature of a member or

Signature of a member or authorized representative of a member

Virginia Blevins

Typed or printed name of signee

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

Amazing Sales L.L.C.

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(A Florida Limited Liability Company)

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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)

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.

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2010 SEP 24 AM 8:26
☒ Change
☐ Add
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FILED

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

2010 SEP 14
SILVIA
TALLAH

9/30/18

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 605.020 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be filed as the document's effective date on the Department of State's records.

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2018 SEP 24 AM 8:25
ST. LOUIS, MO
FBI
Pursuant to 28 USC 50207 (3)(b)
will not be filed as the

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

Dated September 30, 2018

Virginia B. Lewis
Signature of a member of _____

Signature of a member or authorized representative of a member

Virginia Blevins

Typed or printed name of signee