117000 238397

(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

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D CUSHING

Virginia Blevins

Registration Section Division of Corporations P O Box 6327 Tallahassee FL 32314 To Whom It May Concern: I have enclosed an amendment for Amazing Sales LLC. And a check for \$30.00, \$25 For filing fee and \$5 for certificate of status. Please send the certificate of status to me at the address below: Virginia Blevins 920 Ravenna Rd. Kent OH 44240 330-678-0398 Home 330-319-4248 Cell Thank you very much

COVER LETTER

TO:

Registration Section

Division of Corporations

Tallahassee, FL 32314

Amazing	Sales LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	Jeremy W. Blevins			
	Amazing Sales LLC	Name of Person		
	4333 SW Masefield	Firm/Company		
	Port St. Lucie FL 34953	Address		
	jblevins0398@gmail.com a			19.
For further information	E-mail address: (n concerning this matter, please c	to be used for future annual re all:	port notification)	
Jeremy W. Blevins		772 777- at ()	5289	. •
Name	e 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 enclo	sed) Certified	te of Status &
Regi Divi	ILING ADDRESS: stration Section sion of Corporations Box 6327	Registratio	f Corporations	

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company as it now appe (A Florida Limited Liability Company)	ars on our records.)
The Articles of Organization for this Limited Florida document number L17000238397	Liability Company were filed on $\frac{1}{2}$	1/17/17 and assigned
This amendment is submitted to amend the fol	llowing:	
A. If amending name, enter the new name	of the limited liability company l	nere:
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 appli	icable:	
• •	ET ADDRESS)	<u> </u>
(Principal office address MUST BE A STRE	ET ADDRESS)	
		•
Enter new mailing address, if applicable:		;
*		۲.
(Mailing address MAY BE A POST OFFICE	<u></u>	<u> </u>
B. If amending the registered agent and registered agent and/or the new registered	***	n our records, enter the name of the
Name of New Registered Agent:	Jeremy W. Blevins	
New Registered Office Address:	4333 SW. Masefield St.	
new registered office radices.	Enter Fl	orida street address
	Port St. Lucie	, 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. Lhereby 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>	Address	Type of Action
MGR	Jeremy Blevins	4333 SW Masefield Street, Port St. Lucie FL 34953	
			☐ Remove
		<u> </u>	Change
AMBR	Virginia Blevins	4333 SW Masefield Street, Port St. Lucie FL 34953	
		- · · · · · · · · · · · · · · · · · · ·	☐ Remove
			□ Change / /
			Add
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			□ Remove
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			□ Add
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			☐ Change

If amending any other information				
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 		301.31.2.31		
				
				
				
				<u></u>
Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this ble document's effective date on the De	st be specific and cannot be prio ock does not meet the applie	cable statutory filing requir	(optional) 90 days after filing.) Pursuant to ements, this date will not be	605.0207 listed as
the record specifies a delayed The 90th day after the rec		ot an effective time, a	t 12:01 a.m. on the ea	rlier of
Dated November 05	2019	·		
_Virgini	Signature of a member or auth A B C V N Typed or prin	norized representative of a me	nber	-
Vicaini	a Blevin	' (

Page 3 of 3

Filing Fee: \$25.00