

LI800000 2790

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

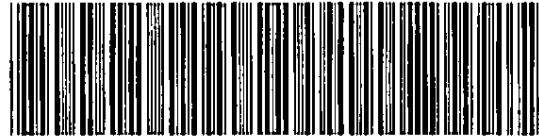
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Spoke with Mr. Enie on 10/01  
add Clifford as owner and  
himself as well.

QJ

Office Use Only



500349503165

2020 AUG 16 PM 2:25

O SIMMONS

OCT 01 2020

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Custom Touch Engraving 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:

Clifford Burleson  
Name of Person

Custom Touch Engraving LLC  
Firm/Company

885 Tallevast Rd, Unit B,  
Address

Sarasota, FL 34243  
City/State and Zip Code

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

For further information concerning this matter, please call:

Clifford Burleson at (941) 355-9788 X 302  
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 Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Custom Touch Engraving 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 January 3, 2018<sup>2023 April 11</sup> and assigned 25  
Florida document number L18000002790.

This amendment is submitted to amend the following:

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

N/A

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)

885 Tallevast Rd Unit B  
Sarasota, FL 34243

Enter new mailing address, if applicable:

885 Tallevast Rd Unit B  
Sarasota, FL 34243

(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:

Erik Jensen

New Registered Office Address:

885 Tallevast Rd, Unit B  
*Enter Florida street address*

Sarasota, Florida 34243  
*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>
AMBR	Clifford Burleson	2220 AUG 11: PH 2:885 Tallevast Rd Unit B Sarasota, FL 3424	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR/DOWNER	Erik Jensen	510 Alligator Dr Venice, FL 34293	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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

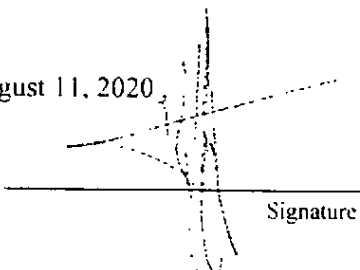
The LLC will be a Manager Managed structure

**E. Effective date, if other than the date of filing: August 11, 2020**

(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 August 11, 2020

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Clifford Burleson  
Typed or printed name of signee

**Filing Fee: \$25.00**