

18000030667

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

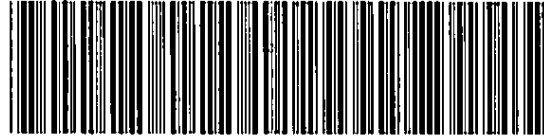
(Business Entity Name)

(Document Number)

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02/12/20--01008--004 \*\*25.00

FILED  
2020 FEB 12 PM 12:05

Amend

MAR 07 2020  
1 ALBRITTON

**COVER LETTER**

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Period Refurbishment 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:

**Taft Alexander**

Name of Person

**Period Refurbishment**

Firm/Company

**1808 Shadowlawn St**

Address

**Jacksonville, FL 32205**

City/State and Zip Code

**taftalexander@gmail.com**

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

For further information concerning this matter, please call:

**Taft Alexander**

Name of Person

at ( **904** )

Area Code

**994-1840**

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

FILED  
2020 FEB 12 PM 12:05  
CLERK OF COURT  
JACKSONVILLE, FLORIDA

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Period Refurbishment 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 02/02/2018 and assigned  
Florida document number L18000030667.

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)

1808 Shadowlawn St  
Jacksonville, FL 32205

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1808 Shadowlawn St  
Jacksonville, FL 32205

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:

Taft Alexander

New Registered Office Address:

1808 Shadowlawn St

Enter Florida street address

Jacksonville

City

Florida

32205

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
MGR	Wheeler Teasley	130 W Genung St	<input type="checkbox"/> Add
		St. Augustine, FL, 32086	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Taft Alexander	1808 Shadowlawn St	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32205	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

**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

Dated February 6 2020

Signature of a member or authorized agent

Signature of a member or authorized representative of a member

**Wheeler Teasley**

Typed or printed name of signee

**Filing Fee: \$25.00**