

L180000 42333



700346082357

(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

06 30/20 010 PM 01L

RECEIVED

JUN 29 2020

2020 JUN 29 PM 5:20
SECRETARY OF STATE
TALLAHASSEE, FL

D. BRUCE
AUG 11 2020

**TO: Registration Section
Division of Corporations**

SUBJECT: Attainable Essentials 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:

Eddie wells
Name of Person
Attainable Essentials
Firm/Company
7514 Hogan rd # 201
Address
Jacksonville, FL. 32216
City/State and Zip Code
ewellsbiz@msn.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eddie Wells at (678) 907-1290
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

SECRETARY OF STATE
TALLAHASSEE, FL
JUN 29 PM 5:29

TO
ARTICLES OF ORGANIZATION
OF

Attainable Essentials

(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 2/15/2018 and as Florida document number L18000042333.

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

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)

2020 JUN 29 PM 5:20
SECRETARY OF STATE
TALLAHASSEE, FL

B. If amending the registered agent and/or registered office address on our records, enter the name of the new 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.

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type</u>
AMBR	Sean Wells	5681 ENDENFIELD RD APT.# 708	<input type="checkbox"/> Ac
		JACKSONVILLE, FL 32277	<input checked="" type="checkbox"/> Re
			<input type="checkbox"/> Ch
AMBR	Reginald Wells	6457 FT.CAROLINE RD	<input type="checkbox"/> Ac
		JACKSONVILLE, FL 32277	<input checked="" type="checkbox"/> Re
			<input type="checkbox"/> Ch
AMBR	Tyrell Wells	6457 FT.CAROLINE RD	<input type="checkbox"/> Ac
		JACKSONVILLE, FL 32277	<input checked="" type="checkbox"/> Re
			<input type="checkbox"/> Ch
			<input type="checkbox"/> Ac
			<input type="checkbox"/> Re
			<input type="checkbox"/> Ch
			<input type="checkbox"/> Ac
			<input type="checkbox"/> Re
			<input type="checkbox"/> Ch

SECRETARY OF STATE
TALLAHASSEE, FL
JUN 29 PM 5: 20

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

Multiple horizontal lines for amending information.

2020 JUN 29 PM 5: 20
SECRETARY OF STATE
TALLAHASSEE, FL

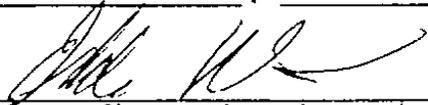
E. Effective date, if other than the date of filing: 6/24/2020 (optional)

(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 61

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be li 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 af record is filed.

Dated June, 24th 2020



Signature of a member or authorized representative of a member

Eddie Wells

Typed or printed name of signee