

L180000 42333

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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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

678

907-1290

at (_____) _____

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)

B. If amending the registered agent and/or registered office address on our records, enter the name of the ne
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 com
provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar wi
accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this doc
being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liabi
company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered Age

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

2008 JUN 29 PM 5:20
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TALLAHASSEE, FL

2020 JUN 29 PM 5:20
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TALLAHASSEE, FL

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

(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

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.

Signature of a member or authorized representative of a member

Eddie Wells

Typed or printed name of signee