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(F	Requestor's Name)	
	Address)	
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(0	City/State/Zip/Phone #)	· · · · ·
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(8	Business Entity Name)	
])	Document Number)	
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DEALER OF CORPORATION

N COOPER JUN 1 5 2018

COVER LETTER

	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	,
Please return all correspo	ondence concerning this matter	to the following:	
	Theresa L. Ward		
		Name of Person	
	Terrie's Place		
		Firm/Company	···
	1308 7th Street North		
		Address	
	Jacksonville Beach, Florid	a 32250	
		City/State and Zip Code	-
	E-mail address: (to be used for future annual report notif	ication)
Name of Person Terric's Place Firm/Company 1308 7th Street North Address Jacksonville Beach, Florida 32250 City/State and Zip Code E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: heresa L. Ward 904 Area Code Daytime Telephone Number melosed is a check for the following amount:			
Theresa L. Ward			
Name (of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Terrie's Place LLC			
(Name of the Limited Liability (A Florida	ty Company as it now appears on our records.) Limited Liability Company)		
the Articles of Organization for this Limited Liability Colorida document number L18000076857	ompany were filed on 3/26/20180	and ass	igned
nis amendment is submitted to amend the following:			
. If amending name, enter the new name of the limi	ited liability company here:		
ne new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the		<u></u>
nter new principal offices address, if applicable:		<u></u>	35 C
Principal office address MUST BE A STREET ADDR	RESS)	Ę	36.65 - 03-7-5
		7	027
		PH 12:	890 890
nter new mailing address, if applicable:		:2	
Mailing address MAY BE A POST OFFICE BOX)	1	36	- 2 ,
. If amending the registered agent and/or registered agent and/or the new registered office addr		er the name	of the
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida	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>	Address	Type of Action
MGR	Theresa L. Ward	1308 7th Street North, Jacksonville	Add
			□ Remove
			☐ Change
			Add
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			O Add
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f an effi Note:	ve date, if other than the date of filing:	ant to 605.020 ot be listed a
e rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	e earlier o
	140NDAY JUNE 4TH, 7018.	
Dated		
Dated		

D,

Page 3 of 3

Filing Fee: \$25.00