

L18 0000 78559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

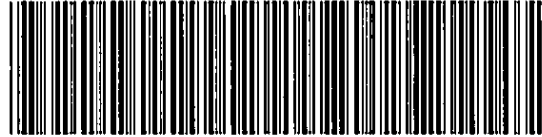
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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2023 MAY -9 PM 3:32



Division of Corporations

*[Handwritten signature]*

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 636706 8177438  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 25.00

ORDER DATE : April 4, 2023  
ORDER TIME : 1:21 PM  
ORDER NO. : 636706-001  
CUSTOMER NO: 8177438

DOMESTIC AMENDMENT FILING

NAME: DARREN CORLEW, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER'S INITIALS: \_\_\_\_\_

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2023 MAY -9 AM 11:51  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DARREN CORLEW, 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:

Darrian Corlew  
Name of Person

Darren Corlew, LLC  
Firm/Company

8290 Gate Parkway #616  
Address

Jacksonville FL, 32216  
City/State and Zip Code

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

For further information concerning this matter, please call:

Darren Corlew at (352) 484-7259  
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

CLERK OF STATE  
TALLAHASSEE, FL

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DARREN CORLEW, 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 03/23/2018 and assigned  
Florida document number L18000078559

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)

8290 Gate Prkwy West

Unit 616

Jacksonville, FL 32216

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8290 Gate Prkwy West

Unit 616

Jacksonville, FL 32216

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 2023 MAY -9 AM 11:51  
 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 registered 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

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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TALLAHASSEE, FL  
DEPT. OF STATE

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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 5-4-23.

Darrin Corlew

Typed or printed name of signee

**Filing Fee: \$25.00**

FILED  
2023 MAY -9 AM 11:51  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FL  
10th day after

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- |   |  |  |  |
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