

118000118980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

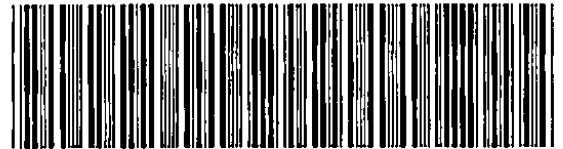
(Business Entity Name)

(Document Number)

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2020 AUG 10 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FL

AUG 10 2020

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** FOSSILED IN FLORIDA

\_\_\_\_\_  
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:

KRISTEN WHITECROSS

\_\_\_\_\_  
Name of Person

FOSSILIZED IN FLORIDA

\_\_\_\_\_  
Firm/Company

9172 W. HIGHLAND PINES DRIVE

\_\_\_\_\_  
Address

PALM BEACH GARDENS, FL 33418

\_\_\_\_\_  
City/State and Zip Code

kbell56lt@yahoo.com

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

For further information concerning this matter, please call:

KRISTEN WHITECROSS

561

252-4084

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

FOSSILIZED IN FLORIDA

(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 05/18/2018 and assigned  
Florida document number L18000118980.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

FOSSILIZED IN FLORIDA, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LL

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 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Ren
		_____	<input type="checkbox"/> Cha
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Ren
		_____	<input type="checkbox"/> Cha
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Ren
		_____	<input type="checkbox"/> Cha
_____	_____	_____	<input type="checkbox"/> Adc
		_____	<input type="checkbox"/> Ren
		_____	<input type="checkbox"/> Cha
_____	_____	_____	<input type="checkbox"/> Adc
		_____	<input type="checkbox"/> Ren
		_____	<input type="checkbox"/> Cha
_____	_____	_____	<input type="checkbox"/> Adc
		_____	<input type="checkbox"/> Ren
		_____	<input type="checkbox"/> Cha

2020 AUG 10 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FL

2020 AUG 10 PM 2:00  
SECRETARY OF STATE  
ALTOONA, INDIANA, FL

2020 AUG 10 PM 2:00  
CLERK OF STATE  
TALLAHASSEE, FL

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed on the Department of State's records.

Dated JUNE 6, 2020

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

KRISTEN WHITECROSS

Typed or printed name of signee

**Filing Fee: \$25.00**