

L18000168080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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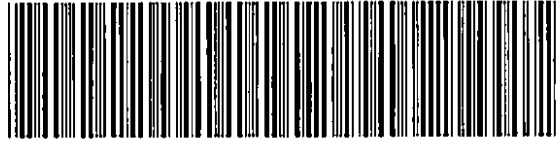
(Business Entity Name)

(Document Number)

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10 AUG -3 PM 3:57

SECRETARY OF STATE

2018 AUG -3 PM 4:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

M. MILLIGAN

AUG 03 2018

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Totally Tallee, 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:

**Delmonica Gaillard**

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

**Totally Tallee, LLC**

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

**2412 Ramblewood Ct Apt B**

\_\_\_\_\_  
Address

**Tallahassee FL 32303**

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

**delmonicag@gmail.com**

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

For further information concerning this matter, please call:

**Delmonica Gaillard**

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

at ( **850** )

\_\_\_\_\_  
Area Code

**294-1171**

\_\_\_\_\_  
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/COURIER ADDRESS:**

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2018 AUG -3 PM 4:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Totally Tallee, 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 07/12/2018 and assigned  
Florida document number L18000168080.

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:

2412 Ramblewood Ct Apt B

(Principal office address MUST BE A STREET ADDRESS)

Tallahassee FL 32303

Enter new mailing address, if applicable:

2412 Ramblewood Ct Apt B

(Mailing address MAY BE A POST OFFICE BOX)

Tallahassee FL 32303

**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:

Delmonica Gaillard

New Registered Office Address:

2412 Ramblewood Ct Apt B

*Enter Florida street address*

Tallahassee

*City*

Florida 32303

*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**

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Delmonica Gaillard	2412 Ramblewood Ct Apt B	<input checked="" type="checkbox"/> Add
		Tallahassee, FL 32303	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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Lined area for document content.

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (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 605.0207 (3)(b)

**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.

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.

Dated 08/03/2018, 2018  
Delmonica Gaillard

Signature of a member or authorized representative of a member

Delmonica Gaillard

Typed or printed name of signee

2018 AUG -3 PM 4:15  
SECRETARY OF STATE  
JANET M. LANDIS

FILED