

L18000170660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

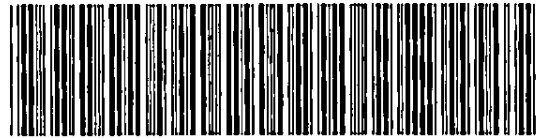
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07/26/18--01015--006 **25.00

FILED
18 OCT -4 AM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K SALLY
OCT -4 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 2, 2018

JAYDENS CARRIES "L.L.C."
SHENICKA HAMPTON
2023 BUCKTHORN LN
LAKE LAND, FL 33810

SUBJECT: JAYDENS CARRIES "L.L.C."
Ref. Number: L18000170660

2018 OCT -4 PM 11:13
RECEIVED

We have received your document for JAYDENS CARRIES "L.L.C" and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please choose one name and add the LLC after. We do not make the choice for you.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 418A00015949

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JAYDENIS CARRIES "L.L.C."
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:

Shenicka Hampton
Name of Person

Jaydens Carries
Firm/Company

2023 Buckthorn Ln
Address

Lakeland FL 33810
City/State and Zip Code

Nicka33.Shagmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shenicka Hampton at (863) 327-7186
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Jaydens Carriers "LLC"

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
18 OCT -4 AM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 7/16/18 and assigned
Florida document number 19000170660.

This amendment is submitted to amend the following:

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

Jaydens Carriers "LLC"

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)

2023 Buckthorn Ln
Lakeland FL
33810

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 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
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

would like the ~~apostrophe before the S.H~~
S. Correct the spelling on Carriers

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

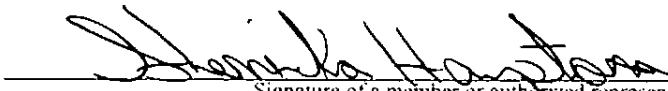
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 8/14 2018



Signature of a member or authorized representative of a member

Shenicka Hampton

Typed or printed name of signee