

L18000178398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

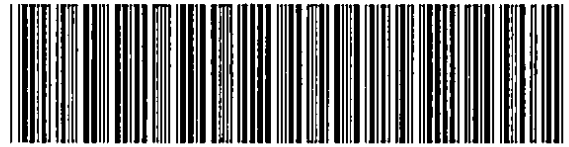
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 24 Seven Unlimited  
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:

James Grant  
Name of Person

24 Seven Unlimited  
Firm/Company

7125 Altis Way 8-217  
Address

Orlando FL 32836  
City/State and Zip Code

24SEVENUNLIMITED@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Grant at (321) 427-3243  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

## STATEMENT OF FACTS

11-12-2021


24seven Unlimited LLC has no affiliation Floyd Todd JR, This person fraudulently added themselves 24seven Unlimited llc as Ceo. Floyd Todd Jr has no involvement with this business. Any documents presented by Floyd Todd jr were forged, for fraudulent purposes.



James Grant

President of 24seven Unlimited

STATE OF FLORIDA COUNTY OF ORANGE  
The foregoing instrument was acknowledged before me by means of  
☒ physical presence or ☐ online notarization.  
this 12 day of 11 (year) 2021 by James Grant  
[Signature] Notary Public - State of Florida  
(Print, Type, or Stamp Commissioned Name of Notary Public)  
☐ Personally Known OR Produced Identification  
Type of Identification Produced FLAD

 Jesslyn Rose Fonseca  
Notary Public  
State of Florida  
Comm# HH040955  
Expires 9/9/2024

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

24 Seven Unlimited 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 7-25-2018 and assigned  
Florida document number L18000178398.

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 ab

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)

P.O. Box 3352

COCOA, FL 32924

**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

City, 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>	<u>Address</u>	<u>Type of Action</u>
<u>CEO</u>	<u>Floyd Todd JR</u>	<u>2875 S Orange Ave</u>	<input type="checkbox"/> Add
		<u>500-3610</u>	<input checked="" type="checkbox"/> Remove
		<u>Orlando FL 32806</u>	<input type="checkbox"/> Change
	<u>1979</u>	<u>2875 S Orange Ave</u>	<input type="checkbox"/> Add
		<u>500-3610</u>	<input checked="" type="checkbox"/> Remove
		<u>Orlando FL 32806</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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.

11-12, 2021  
Signature of a member or authorized representative of a member

James L Grant

Typed or printed name of signee

**Filing Fee: \$25.00**