

218000205796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

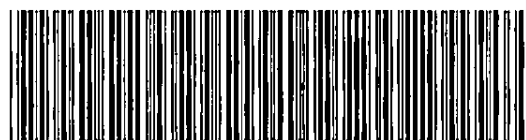
(Business Entity Name)

(Document Number)

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09/10/18--01018--004 **25.00

2018 OCT -5 PM 3:26

T. CLINE

OCT -5

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 20, 2018

HYDEE MUSTELIER
6931 HIGH RIDGE ROAD
LAKE WORTH, FL 33462

SUBJECT: AMAZING MESSAGE LLC
Ref. Number: L18000205796

We have received your document for AMAZING MESSAGE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Tammi Cline
Regulatory Specialist III

Letter Number: 218A00019677

2018 OCT -3 PM 3:26



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 13, 2018

HYDEE MUSTELIER
6931 HIGH RIDGE ROAD
LAKE WORTH, FL 33462

SUBJECT: AMAZING MESSAGE LLC
Ref. Number: L18000205796

2018 OCT -3 PM 3:26

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Tammi Cline
Regulatory Specialist III

Letter Number: 018A00019060

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Amazing Message 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:

Hydee Mustelier

Name of Person

Firm/Company

6931 High Ridge Rd

Address

Lake Worth FL, 33462

City/State and Zip Code

Sean@lbrook.com

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

For further information concerning this matter, please call:

Hydee Mustelier 954 581-8112
Name of Person at () 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)

(Credit on the Account From previous Filing)

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

2018 OCT -5 PM 3:26 2018 OCT -5 AM 10:27

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

Amazing Message 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 08/28/2018 and assigned
Florida document number L18000205796

This amendment is submitted to amend the following:

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

#1 Amazing Message 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)

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
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2011 OCT -3 PM 3:25

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 October, 02 2018

Signature of a member or authorized representative of a member

Hydee Mustelier

