

L18000 225884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

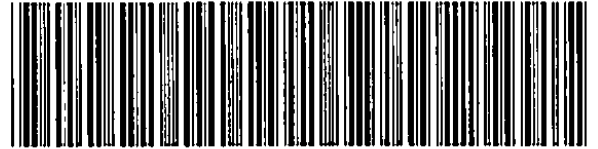
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECURITY DIVISION
TALLAHASSEE, FLORIDA

D. BRUCE
AUG 10 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tuesday's Creations "Limited Liability Company
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:

Natalie Humphrey
Name of Person

Tuesday's Creations "Limited Liability Company
Firm/Company

898 Johns Ave
Address

Orange Park FL 32065
City/State and Zip Code

nphumphrey3@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Natalie Humphrey at (904) 424-7811
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

2020 JUN 23 PM 11:12
CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

TO
ARTICLES OF ORGANIZATION
OF

Tuesday's Creations "Limited Liability Company"
(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 9-24-2018 and assign
Florida document number L18000225884.

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:

(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 registered agent and/or the new registered office address here:

Name of New Registered Agent:

Charles R. Humphrey

New Registered Office Address:

898 Johns Ave

Enter Florida street address

Orange Park

City

Florida

32065

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 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 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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Natalie Humphrey	898 Johns Ave	<input type="checkbox"/> Add
		Orange Park FL 32065	<input type="checkbox"/> Remove
		(change from registered agent to MGR)	<input checked="" type="checkbox"/> Change
AMBR	Charles Humphrey	898 Johns Ave	<input type="checkbox"/> Add
		Orange Park FL 32065	<input type="checkbox"/> Remove
		(Change from MGR to registered agent and authorized member)	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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CLERK OF DISTRICT
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 605.02

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed 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
(b) The 90th day after the record is filed.

Dated 6-20, 2020

Natalie Humphrey

Signature of a member or authorized representative of a member

owner
manager
→

Natalie Humphrey

Typed or printed name of signee

Charles Humphrey

Authorized
Representative