

L18000234955

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

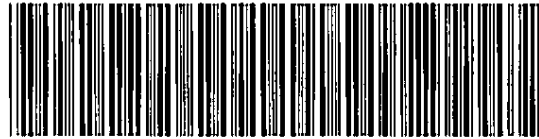
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/19/19--01010---024 **165.00

FILED
JUL 22 2019
TALLAHASSEE, FLORIDA

FILED
JUL 22 2019
TALLAHASSEE, FLORIDA

FILED

JUL 2 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BB1018 - DBA Allstates TAG AND TITLE
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:

Brittney N Someillan
Name of Person

ALL STATES TAG AND TITLE
Firm/Company

12929 Mandarin Point Lane
Address

Jacksonville FL 32223
City/State and Zip Code

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

For further information concerning this matter, please call:

Brittney N Someillan at (904) 322-1880
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 28, 2019

BRITTANY N SOMEILLA
12929 MANDARIN POINT LN
JACKSONVILLE, FL 32223

SUBJECT: BJB1018 LLC
Ref. Number: L18000234955

We have received your document for BJB1018 LLC and check(s) totaling \$165.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please have a member or authorized representative sign the amendment.

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) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 719A00013214

RECEIVED

2019 JUL 22 AM 11:23

STATE OF FLORIDA

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

BSB1018 - DBA ALL STATES TAG AND TITLE
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2019 JUL 22 A 11:12

The Articles of Organization for this Limited Liability Company were filed on 10/3/2018 and assigned
Florida document number # L18000234955
TALLAHASSEE, FLORIDA

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)

12929 Mandarin Point Lane
Jacksonville FL 32223

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:

Brittney N Sorrellan

New Registered Office Address:

12929 Mandarin Point Lane

Enter Florida street address

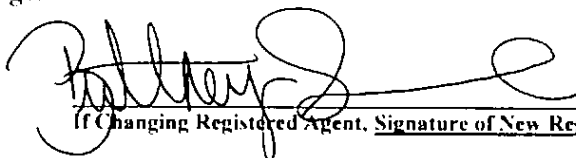
Jacksonville Florida 32223

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>
MGR	Judith H Wise	11781 Bastal LN W	<input type="checkbox"/> Add
		Jacksonville FL 32258	<input checked="" type="checkbox"/> Remove
			<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

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

See attached cover letter included
with these forms

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

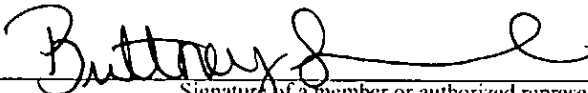
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 July 19th, 2019.



Signature of a member or authorized representative of a member

Brittney Someillan

Typed or printed name of signee

BJB1018 DBA ALL STATES TAG AND TITLE
DOCUMENT#L18000234955
11781 COASTAL LANE WEST
JACKSONVILLE, FL 32258

June 17, 2019

On this day, Monday June 17, 2019, Judith H Wise and Brittney Someillan managing co-owners of BJB1018 DAB ALL STATES TAG AND TITLE, have come to the mutual agreement that Judith H Wise will turn over her 50% share of said business to Brittney Someillan.

Judith H Wise is resigning as Registered Agent and Manager of said company.

The Registered Agent and Manager is now Brittney Someillan.

The principal office address and mailing address will be 12929 Mandarin Point Ln, Jacksonville, FL 32223.

The new email address will be- allstatestagandtitle@gmail.com

100% of all operating and financial responsibility belong to Brittney Someillan.

Signature: [Signature] Date: 6/17/2019
Printed Name: Judith H Wise Date: 6/17/2019

Signature: [Signature] Date: 6/17/19
Printed Name: Brittney Someillan Date: 6/17/19

Notary: [Signature] Date: 6/17/2019

Notary Stamp:

