

L18000248617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

JUL 11 2024

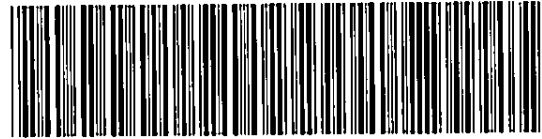
APR 29 2024

FILED

2024 APR 29 AM 10:52

SECRETARY OF STATE

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04/23/24--01004--010 **60.00

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2024 APR 29 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Antique Marketplace, 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:

Jolette C Miller

Name of Person

Firm/Company

7000 Molino Rd

Address

Molino, FL 32577

City/State and Zip Code

shop.amp.29@gmail.com

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

For further information concerning this matter, please call:

Jolette C Miller

850 516-7834
at ()
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Antique Marketplace, 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 10/23/2018 and assigned
Florida document number L18000248617.

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)

Jolette C Miller

7000 Molino Rd

Molino, FL 32577

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2024 APR 29 AM 10:52
SECRETARY OF STATE

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:

Jolette C Miller

New Registered Office Address:

10100 Pensacola Blvd
Enter Florida street address

Pensacola, Florida 32534
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	William T Ketterer	3640 Applewood Ln	<input type="checkbox"/> Add
		Cantonment, FL 32533	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Lloyd A Watson	3640 Applewood Ln	<input type="checkbox"/> Add
		Cantonment, FL 32533	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jolette C. Miller	7000 Molino Rd	<input checked="" type="checkbox"/> Add
		Molino, FL 32577	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Alan D Miller	7000 Molino Rd	<input checked="" type="checkbox"/> Add
		Molino, FL 32577	<input 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
			<input type="checkbox"/> Change

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

Change existing EIN = 83-2326052 to New EIN = 99-2696321

[illegible]

E. Effective date, if other than the date of filing: May 1, 2024 12:01 a.m. (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 04/26/2024 08:00 a.m.

William A. Ketterer
Signature of a member or authorized representative of a member

William T Ketterer

Typed or printed name of signee

Filing Fee: \$25.00