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COVER LETTER

TO: **Registration Section Division of Corporations**

Denise Martin Yates LLC

SUBJECT:

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:

Denise Gilmore

Name of Person

Firm/Company

13194 US HWY 301 South Suite 103

Address

Riverview, FL 33578

City/State and Zip Code rewithdenisegilmore@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Denise Gilmore 777-9964 813 -2 2 2 2 at (____ Name of Person Daytime Telephone Number Area Code Enclosed is a check for the following amount: □ \$30.00 Filing Fee & **\$**25.00 Filing Fee □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status

Mailing Address: **Registration Section Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Certified Copy (additional copy is enclosed)

Certificate of Status & Certified Copy (additional copy is enclosed)

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

Denise Martin Yates 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 10/25/2018	and assigned
Florida document number L18000250808	

This amendment is submitted to amend the following:

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

Denise Gilmore LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:	2021 TA	
(Mailing address MAY BE A POST OFFICE BOX)		
<u> </u>		

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address here:

Name of New Registered Agent:	Denise Gilmore	
New Registered Office Address:	13194 US HWY 301 S Suite 10	3
	Enter Fi	lorida street address
	Riverview	, Florida ³³⁵⁷⁸
	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>	Name	Address	Type of Action
MGR	Denise Yates	13194 US HWY 301 S Suite 103	🗆 Add
		Riverview, FL 33578	🖻 Remove
			🖾 Change
MGR	Denise Gilmore	13194 US HWY 301 S Suite 103	🖬 Add
		Riverview, FL 33578	□Remove
			□Change
			🗆 Add
			Change
			🗆 Add
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	<u> </u>		□Add
			🗆 Remove
		<u> </u>	Change
			🗌 Add
			🗆 Remove
			□Change

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

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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.

June 3rd	2024
Dated	
	$ X _{\alpha}$
· · · · · · · · · · · · · · · · · · ·	Signature of a member or authorized representative of a member
Denise Yates	

Typed or printed name of signee