

L1800004254977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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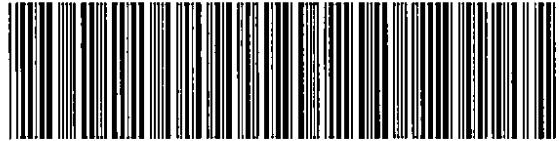
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRUDY INNES RICHARDSON P.L.L.C.

ATTORNEY AT LAW

FAMILY LAW | CIVIL & BUSINESS | CONSTRUCTION

December 19, 2018

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re. ONLYARDENN, LLC

Dear Sir/Madam:

The enclosed Articles of Amendment to Articles of Organization for ONLYARDENN, LLC are submitted for filing.

Please return all correspondence concerning this matter to the following:

Trudy E. Innes Richardson
Trudy Innes Richardson, PLLC
1350 North Gadsden, Suite B
Tallahassee, FL 32303
trichardson@trudyrichardsonlaw.com

For further information concerning this matter please call me at (850) 841-1167.

Enclosed is my firm check No. 1145 in the amount of \$25.00 as filing fee for this amendment.

Sincerely,



TRUDY E. INNES RICHARDSON

TEIR/jer
Enclosure as noted herein.

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

ONLY ARDENN 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 10/30/2018 and assigned
Florida document number L180000254977.

This amendment is submitted to amend the following:

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

ONLYARDENN, LLC. ** REMOVING SPACE BETWEEN "ONLY" AND "ARDENN" **

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)

NO CHANGE

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

NO CHANGE

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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:

NO CHANGE

New Registered Office Address:

Enter Florida street address

City

Florida

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
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(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee