

48000269717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 19, 2018

JAMES LLOYD  
10715 HWY 441 S  
MICANOPY, FL 32667

SUBJECT: LLOYD&SHAEFER PROMOTIONS & EVENT PLANNING LLC  
Ref. Number: L18000269717

We have received your document for LLOYD&SHAEFER PROMOTIONS & EVENT PLANNING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 518A00026054

2019 JAN -2 PM 3:19

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Lloyd&Shaefer Promotions & Event Planning 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:

James Lloyd

Name of Person

Lloyd&Shaefer Promotions & Event Planning LLC

Firm/Company

10715 HWY 441 South

Address

Micanopy FL 32667

City/State and Zip Code

Lloyd.ShaeferPromotions@gmail.com

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

For further information concerning this matter, please call:

James Lloyd

Name of Person

at ( 352 )

Area Code

678-9266

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

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

Lloyd&Shaefer Promotions & Event Planning 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 Nov. 23, 2018 and assigned Florida document number L18000269717

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:**

1301 SW 76th DR

**(Principal office address MUST BE A STREET ADDRESS)**

Gainesville FL 32607

**Enter new mailing address, if applicable:**

3030 N. Rocky Point Dr.

**(Mailing address MAY BE A POST OFFICE BOX)**

STE 150A

Tampa FL 33607

**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:

Registered Agents Inc.

New Registered Office Address:

3030 N. Rocky Point Dr. STE 150A

Enter Florida street address

Tampa

City

Florida 33607

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>
AMBR	James Lloyd	10715 HWY 441 S	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		Micanopy FL 32667	<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
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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.)*

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111-2 FBI 1:25

**F. 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 December 28, 2018

umber 28 . 2018 .  
 Signature of a member or authorized representative of a member

James Shafer Lloyd  
Typed or printed name of signer

Typed or printed name of signer \_\_\_\_\_