

L180000276610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

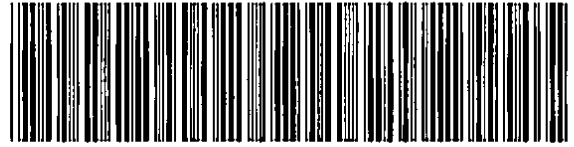
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

12/02

Office Use Only



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09/25/20--01008--028 **55.00

FILED

2020 DEC -2 P 4:52

LLC
Amend

DEC 04 2020

D CONNELL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 9, 2020

NATALIE KENNEDY
2224 ANDOVER CIRCLE
PALM HARBOR, FL 34683

SUBJECT: ONE ACCORD MEDIA LLC
Ref. Number: L18000276610

We have received your document and check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THE ONLY FORM THAT CAN BE FILED TO REMOVE A DECEASED PERSON WOULD BE AN AMENDMENT FORM. PLEASE COMPLETE THE ATTACHED LLC AMENDMENT FORM.

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.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 520A00022432

RECEIVED
DEC 02 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ONE ACCORD MEDIA 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:

NATALIE KENNEDY

Name of Person

ONE ACCORD MEDIA LLC

Firm/Company

2224 ANDOVER Circle

Address

PALEMBANK, FLORIDA 34683

City/State and Zip Code

RENEWME50@HOTMAIL.COM

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

For further information concerning this matter, please call:

NATALIE KENNEDY

Name of Person

at (813)

Area Code

541 2538

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)

*Accord sent ~~AK~~
ON FILE*

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

ONE ACCORD MEDIA LLC

If Changing Registered Agent, Signature of New Registered Agent

[illegible]

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

I am removing MGR BARBARA KENNEDY
FROM THE ARTICLES OF ORGANIZATION
UNDER ARTICLE V.

BARBARA KENNEDY PASSED AWAY
April 29, 2020.

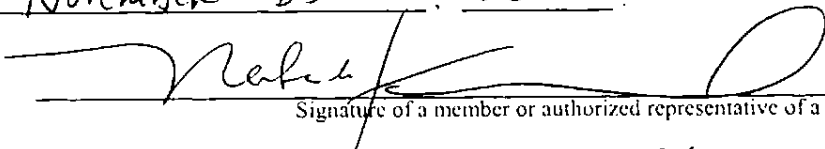
E. Effective date, if other than the date of filing: _____ (optional)

(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 November 25, 2020.



Signature of a member or authorized representative of a member

NATALIE KENNEDY

Typed or printed name of signer

ON FILE.

Filing Fee \$25.00