

L19000004076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

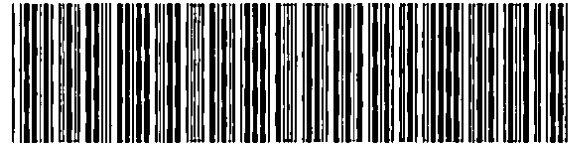
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

File per Lyn
11/7/19

Office Use Only



100334757491

FILED
CLERK OF STATE
DIVISION OF CORPORATION
19 NOV - 1 AM 11:04

LLC
N/C
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Amend.
11/01/19
DC

P

US POSTAGE AND FEES PAID
PRIORITY MAIL
Oct 28 2019
Mailed from ZIP 34474
PM Flat Rate Env



endicia

CID: 432259
CommercialPlusPrice

071V01330117

PRIORITY MAIL 2-DAY

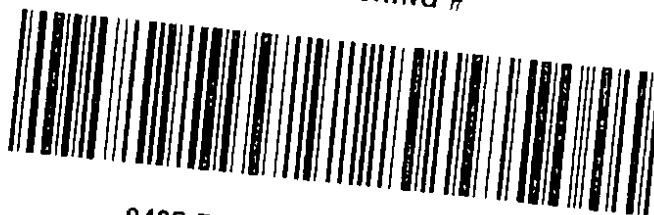
CHLOE EDWARDS
2042 SW 2ND SREET
Ocala FL 34471

B099

0020

SHIP TO:
REGISTRATION SECTION
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE FL 32314-6327

USPS TRACKING #



9405 5102 0079 3195 3760 62

Cashier
Check
for
\$73.75
Submitted
with
Document
DC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Abiding Touch Services 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:

Chloe Edwards
Name of Person
Journey to Success LLC
Firm/Company
2012 SW 2nd Street
Address
Deale, FL 34471
City/State and Zip Code
Chloe.abiding@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chloe Edwards at (352) 4846647
Name of Person Area Code 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

2019 OCT 3 PM 4:03

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

ABIDING TOUCH SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
CLERK OF COURT
19 NOV -1 AM 11:04

The Articles of Organization for this Limited Liability Company were filed on 01/02/2019 and assigned
Florida document number L19000004076.

This amendment is submitted to amend the following:

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

Journey to Success LLC

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)

3451 E. LOUISE LANE
STE 112
Hernando, FL 34471

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2042 SW 2nd Street
Dalva, FL 34471

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:

New Registered Office Address:

Enter Florida street address

Florida

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Change

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10/24/2019

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.

Dated October 24, 2019.

Ch. 2

Signature of a member or authorized representative of a member

Chloe Edwards

Typed or printed name of signee