

L19000009170

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06/25/24--01035--004 **25.00

01/01/2010 10:10:10

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Amanda Lynn Finn 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:

Amanda Vail Tully
Name of Person
Amanda Vail Tully LLC
Firm/Company
128 N Palmetto Avenue
Address
Flagler Beach, Florida 32136
City/State and Zip Code
AmandaTullyRealtor@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amanda V. Tully	386	931-3667
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 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**

Amanda Lynn Finn 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 01/01/2019 and assigned
Florida document number L19000009170.

This amendment is submitted to amend the following:

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

Amanda Vail Tully 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:

128 N Palmetto Ave

(Principal office address MUST BE A STREET ADDRESS)

Flagler Beach, Florida 32136

Enter new mailing address, if applicable:

128 N Palmetto Ave

(Mailing address MAY BE A POST OFFICE BOX)

Flagler Beach, Florida 32136

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:

Amanda Vail Tully

New Registered Office Address:

128 N Palmetto Avenue

Enter Florida street address

Flagler Beach

City

Florida 32136

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

[illegible]

[illegible]

(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.

2024

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

RECORDED IN THE OFFICIAL RECORDS OF Tom Bexley, Clerk of the Circuit Court & Comptroller Flagler, FL

Department of Health • Vital Statistics

STATE OF FLORIDA
MARRIAGE RECORD

TYPE IN UPPER CASE

USE BLACK INK

This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

(STATE FILE NUMBER)

2024 ML 1498536

(APPLICATION NUMBER)

APPLICATION TO MARRY

1. NAME OF SPOUSE (First, Middle, Last) AMANDA LYNN FINN		1b. MAIDEN SURNAME (if applicable) VAIL		2. DATE OF BIRTH (Month, Day, Year) 08/29/1986	
3a. RESIDENCE - CITY, TOWN, OR LOCATION FLAGLER BEACH		3b. COUNTY FLAGLER		3c. STATE FL	
4. BIRTHPLACE (State or Foreign Country) FL		5. NAME OF SPOUSE (First, Middle, Last) SHANE PATRICK TULLY		5b. MAIDEN SURNAME (if applicable)	
6. DATE OF BIRTH (Month, Day, Year) 03/09/1987		7a. RESIDENCE - CITY, TOWN, OR LOCATION FLAGLER BEACH		7b. COUNTY FLAGLER	
7c. STATE FL		8. Birthplace (State or Foreign Country) FL			

WE, THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED
ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE
NOT THE LICENSE TO MARRY TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY

9. SIGNATURE OF SPOUSE (Sign full name using black ink)		10. SUBSCRIBED AND SWORN TO BEFORE ME (Date) 04/03/2024	
11. TITLE OF OFFICIAL DEPUTY CLERK		12. SIGNATURE OF OFFICIAL (Use black ink)	
13. SIGNATURE OF SPOUSE (Sign full name using black ink)		14. SUBSCRIBED AND SWORN TO BEFORE ME (Date) 04/03/2024	
15. TITLE OF OFFICIAL DEPUTY CLERK		16. SIGNATURE OF OFFICIAL (Use black ink)	

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM
A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST
BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID

17. COUNTY ISSUING LICENSE FLAGLER		18. DATE LICENSE ISSUED 04/03/2024		18a. DATE LICENSE EFFECTIVE 04/06/2024		19. EXPIRATION DATE 06/02/2024	
20a. SIGNATURE OF COURT CLERK OR JUDGE				20b. TITLE CLERK OF THE CIRCUIT COURT & COMPTROLLER		20c. BY D.C. NE	

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED SPOUSES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA

21. DATE OF MARRIAGE (Month, Day, Year) 06/01/2024		22. CITY, TOWN, OR LOCATION OF MARRIAGE St. Augustine	
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) Bartola Titon		23c. ADDRESS (Of person performing ceremony) Flagler Beach 308 Palm Circle Fl. 32136	
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) Bartola Titon Notary Public State of Florida, My Comm. Exp. April 30, 2028 Comm. No. HH522634		24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)	
		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)	

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

I HEREBY CERTIFY this to be a true
And correct copy of the original
TOM BEXLEY
CLERK & COMPTROLLERBy *Tom Bexley* D.C.