

# L19 0000073770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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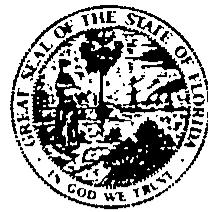
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2020 MAY 26 PM 2:49

C. SIMMONS

MAY 29 2020



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 23, 2020

DALEAH MARTIN  
7089 NW 49TH ST  
LAUDERHILL, FL 33319

SUBJECT: THE STATE OF MIND WATCH COMPANY LLC  
Ref. Number: L19000073770

We have received your document for THE STATE OF MIND WATCH COMPANY LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6050.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 220A00006301

**RECEIVED**

MAY 26 2020

# COVER LETTER

**TO:** Registration Section  
Division of Corporations

The State Of Mind Watch Company LLC

**SUBJECT:** \_\_\_\_\_  
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:

Daleah Martin

\_\_\_\_\_  
Name of Person

The State Of Mind Watch Company LLC

\_\_\_\_\_  
Firm/Company

7089 NW 49th Street

\_\_\_\_\_  
Address

Lauderhill/Florida 33319

\_\_\_\_\_  
City/State and Zip Code

thestateofmindcompany@gmail.com

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

For further information concerning this matter, please call:

Daleah Martin \_\_\_\_\_ 305 \_\_\_\_\_ 203 - 2064  
\_\_\_\_\_  
Name of Person at (\_\_\_\_\_) \_\_\_\_\_ Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

<input type="checkbox"/> \$25.00 Filing Fee	<input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input checked="" type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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**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

THE STATE OF MIND WATCH COMPANY LLC

2020 RELEASE UNDER E.O. 14176

(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 March 15, 2019 and assigned Florida document number L19000073770

This amendment is submitted to amend the following:

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

THE STATE OF MIND WATCH COMPANY 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:

7089 NW 49th Street, Lauderhill, FL 33319

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

Enter new mailing address, if applicable:

7089 NW 49th Street, Lauderhill, FL 33319

(Mailing address MAY BE A POST OFFICE BOX)

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

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

Amplifying Authorized Person(s) information to manage, added to our records  
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	DALEAH R MARTIN	2020 MAY 26 PM 2:49 7089 NW 49th Street, Lauderhill, FL 33319	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
AMBR	JAMIL D BELL	7089 NW 49th Street, Lauderhill, FL 33319	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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

2020 MAY 26 PH 2:49

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 February 27th 22, 2020

 Signature of a member or author

Signature of a member or authorized representative of a member

DALEAH R. MARTIN

Typed or printed name of signee

Filing Fee: \$25.00