

L19000085441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

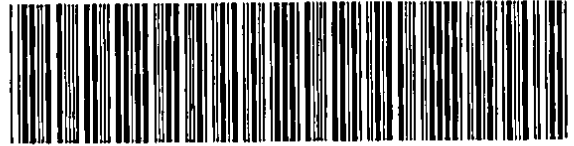
(Business Entity Name)

(Document Number)

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R. WHITE
JUL 29 2019

2019 JUL 26 PM 1:29



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 15, 2019

PAULA BERNARD
316 MCKAY BLVD
SANFORD, FL 32771

SUBJECT: LOF AGENCY LLC
Ref. Number: L19000085441

We have received your document for LOF AGENCY 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 form you submitted is for a FOREIGN LIMITED LIABILITY COMPANY, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 119A00014276

2019 JUL 26 PM 1:45
ST

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

LoF Agency 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:

Paula Bernard

Name of Person

LoF Agency LLC

Firm/Company

316 McKay Blvd

Address

SANFORD FL 32771

City/State and Zip Code

LoF agency 01@gmail.com

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

For further information concerning this matter, please call:

Paula Bernard

Name of Person

at (407) 252 8034

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

LoF Agency LLC

2019 JUL 26 PM 1:29

(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 3-27-2019 and assigned
Florida document number L190000 85441

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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 r
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 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> |
|--------------|---------------------------|-------------------------|--|
| <u>MGR</u> | <u>Paula Bernard</u> | <u>316 McKay Blvd</u> | <input checked="" type="checkbox"/> Add |
| | | <u>Sanford FL 32771</u> | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| <u>AME</u> | <u>Bianca Shand</u> | <u>316 McKay Blvd</u> | <input type="checkbox"/> Add |
| | | <u>SANFORD FL 32771</u> | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| <u>AP</u> | <u>Alexandra Bernard</u> | <u>316 McKay Blvd</u> | <input type="checkbox"/> Add |
| | | <u>SANFORD FL 32771</u> | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| <u>AP</u> | <u>MARK-Ethan Bernard</u> | <u>316 McKay Blvd</u> | <input type="checkbox"/> Add |
| | | <u>SANFORD FL 32771</u> | <input checked="" type="checkbox"/> Remove |
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This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slightly textured appearance and some minor discoloration or shadows, suggesting it's a physical scan. There is no handwriting or other markings on the paper.

(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)(l)

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.

July 22, 2019

Paul Bernard

Signature of a member or authorized representative of a member

Paula Bernard

Typed or printed name of signee