Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190003702203)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: LEGALZOOM.COM INC. Account Name

Account Number : I20010000062

: (323)962-8600

Phone

Fax Number

: (323)962-3889

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 2ND CHANCE 4 GENERATIONS LLC

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DEC 27 2019

M. SQLOMON

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Corporate Filing Menu

TO:

Registration Section

COVER LETTER

Div	ision of Cor	porations		
		NCE 4 GENERATIONS LLC		
SUBJECT:			ited Liability Company	
Please return	all correspo	ndence concerning this matter	to the following:	
		Cheyenne Moseley		
		Amendment and fee(s) are submitted for filing. Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Cheyenne Moscley Name of Person Legalzoom.com, Inc. Firm/Company 101 N Brand Blvd 11th F1 Address Glendale, CA 91203 City/State and Zip Code washanderlin@yahoo.com E-mail address: (to be used for future annual report notification) oncerning this matter, please call: 1 800 Area Code Daytime Telephone Number To \$30,00 Filing Fee & Certificate of Status Certificate of Status Certificate of Status Certificate of Status & Certificate Copy (additional copy is enclosed) ING ADDRESS: Pation Section In of Corporations ox 6327 CityOstate and Zip Code Washanderlin@yahoo.com E-mail address: (to be used for future annual report notification) Oncerning this matter, please call: Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed) ING ADDRESS: Pation Section Division of Corporations ox 6327 CitRon Building 2661 Executive Center Circle		
		Legalzoom.com, Inc.		
			Firm/Company	
		101 N Brand Blvd 11th FI		
		Claudala CA (1202	Address	
		Chendale, CA 91203		
		wshanderlin@yahoo.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report not	ification)
For further is	nformation c	oncerning this matter, please co	aU:	
Cheyenne M	foseley			
	Name o	f Person	Area Code Daytis	ne Telephone Number
Enclosed is	a check for th	ne following amount:		
D \$25.00 F	Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	Registration Secti Division of Corpe Clifton Building	ion omtions Center Circle



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 25, 2019

CHEYENNE MOSELEY 101 N BRAND BLVD 11TH FLOOR GLENDALE, CA 91203

SUBJECT: 2ND CHANCE 4 GENERATIONS LLC

Ref. Number: L19000102669

We have received your document for 2ND CHANCE 4 GENERATIONS LLC, however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$55.00.

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.

Catherine M Wood Regulatory Specialist II

Letter Number: 319A00015131

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

hany as it now appears on our records.) Liability Company) were filed on 04/15/2019 pility company here:	and assigned
y were filed on 04/15/2019	
pility company here:	
pility company here:	
oility company here:	
ility Company," the designation "LLC" o	or the abbreviation "L.L.C."
1719 Stateline Rd.	
Monticello, FL 32344	
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1719 Stateline Rd.	
Monticello, FL 32344	
Enter Florida street address	
, Flor	ida Zip Code
City	Zip Code
i	
e performance of my duties, and provided for in Chapter 605, F.	I am familiar with and S. Or, if this document is
anging Registered Agent, Signature of	New Registered Agent
	Monticello, Fl. 32344 1719 Stateline Rd. Monticello, FL 32344 Diffice address on our records, re: Enter Florida street address

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

Title	Name	Address	Type of Action
MGR/AMBR	WATKINS, SHANDERLIN W	1719 Stateline Rd.	□ Add
		Monticello, FL 32344	□ Remove
			■ Change
MGR	WATKINS, TIMOTHY G, JR.	1719 Stateline Rd.	□ Add
		Monticello, FL 32344	☐ Remove
			□ Remove
			Change
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Note:	we date, if other than the date of filing: ective date is listed, the date must be specific and cannot be prior to date of tiling or more than 90 days after filing.) Pursuant to the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ent's effective date on the Department of State's records.	605.0207 listed as
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e 90th day after the record is filed.	arlier of
Dated	12/20/19.19	
	Signature of a member or authorized representative of a member	
	Shanderlin Williams	

Page 3 of 3

Filing Fee: \$25.00