

L19000111460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

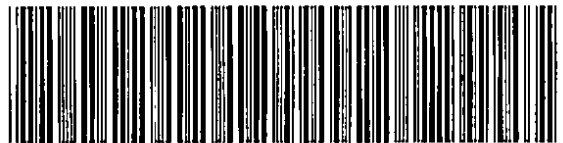
Certificates of Status ✓

2.16.21

Special Instructions to Filing Officer:

Kevin Richard
Advised to Add
Darrall Capers, Jr.
Correct
document - 5/27/21

Office Use Only



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04/08/21--01006--008 **30.00

FILED
2021 APR -8 AM 9:16
JALABASSCO, FL

FILED

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N. Whitechys

MAY 27 2021

I ALBRITTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THE RESET PROJECT, 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:

KEVIN RICHARD

Name of Person

THE RESET PROJECT, LLC

Firm/Company

2936 COLD CREEK COURT

Address

GREEN COVE SPRINGS, FL 32043

City/State and Zip Code

resetprojectllc@gmail.com

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

For further information concerning this matter, please call:

KEVIN RICHARD

904 657-8935

at ()

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**

THE RESET PROJECT, LLC

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

FILED
2021 APR -8 AM 9:16
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on APRIL 23, 2019 and assigned
Florida document number L19000111460.

This amendment is submitted to amend the following:

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

RESET PROJECT, 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)

2936 COLD CREEK COURT

GREEN COVE SPRINGS, FL 32043

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5000 US HWY 17 S

STE 18 #203

FLEMING ISLAND, FL 32003

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:

OLIVIA RICHARD

New Registered Office Address:

2936 COLD CREEK COURT

Enter Florida street address

GREEN COVE SPRINGS


, Florida 32043

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>
AMBR	D'Mya Richard	2936 Cold Creek Court	<input checked="" type="checkbox"/> Add
		Green Cove Springs, FL 32043	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Darrell Capers, Jr	2936 Cold Creek Court	<input checked="" type="checkbox"/> Add
		Green Cove Springs, FL 32043	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

OLIVIA RICHARD - 51% OWNER - PRESIDENT

KEVIN RICHARD - 49% OWNER - VICE PRESIDENT

KINGDOM RESET D/B/A RESET PROJECT, LLC

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

3/26/21

Olivia Richard

Signature of a member or authorized representative of a member

Olivia Richard

Typed or printed name of signee