

L19000114854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

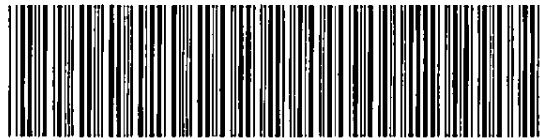
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

LLC amend

Office Use Only



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05/09/25--01012--005 ♦♦25.00

2025 MAY -9 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

Mal
7/9/25

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SEEing IS Believing Enterprises
Name of Limited Liability Company LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jillian Goodwin

Name of Person

Seeing IS Believing Enterprises
Firm/Company LLC

2637 E Atlantic Blvd suite.

Address

Pompano Beach, FL 33062

City/State and Zip Code

Seeingisbelieving@debt-free.net

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

For further information concerning this matter, please call:

Jillian Goodwin

Name of Person

at 954

Area Code

451-8637

Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FL

2025 MAY -9 PM 4:00

FILED

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

SEEING IS BELIEVING Enterprises

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

LLC

The Articles of Organization for this Limited Liability Company were filed on 4/26/2019 and assigned Florida document number L19000114854

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 new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Nicholas Dailey

New Registered Office Address:

4846 N. University Drive

Enter Florida street address

Lauderhill

City

Florida

33351

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.

Nicholas Dailey

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

FILED
 2025 MAR -9 PM 4:08
 SECRETARY OF STATE
 TALLAHASSEE, FL

SECRETARY
TALLAHASSEE

2025 MAY -9 PM 4: 08
SECRETARY OF STATE
TALLAHASSEE, FL
Pursuant to 68

(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.

Dated 4/30/, 2025

Jillian Goodwin
Signature of a member or authorized representative of a member

Jillian Goodwin
Typed or printed name of signee