

L19000 157400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

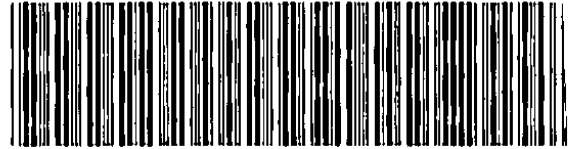
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19 JUL 1 PM 12:09

SECRETARY OF CORPORATIONS

*Amend*

JUL 13 2019

D CUSHING

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: PROVIDENT REALTY SERVICES 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:

JONATHAN HOLLOWAY

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

JONATHAN HOLLOWAY, P.A.

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

420 E PINE AVE

\_\_\_\_\_  
Address

CRESTVIEW, FL 32539

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

JHOLLOWAY@OKALOOSALAW.COM

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

For further information concerning this matter, please call:

JONATHAN HOLLOWAY

850

398-6808

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/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

19 JUL 1 PM 12:09

**TO  
ARTICLES OF ORGANIZATION  
OF**

PROVIDENT REALTY SERVICES LLC

(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 JUNE 14, 2019 and assigned  
Florida document number L19000157400.

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)**

428 E PINE AVE

CRESTVIEW, FL 32539

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

428 E PINE AVE

CRESTVIEW, FL 32539

**B. If amending the registered agent and/or registered office address on our records, enter the name of 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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of</u>
MGR	JONATHAN HOLLOWAY	420 E PINE AVE CRESTVIEW, FL 32539	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remo
			<input type="checkbox"/> Chan
MGR	SHIRLEY DIANNE GASTON	428 E PINE AVE CRESTVIEW, FL 32539	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remo
			<input type="checkbox"/> Chang
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remov
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

**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 605.02

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed : document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated

6/26, 2019

Signature of a member

Signature of a member or authorized representative of a member

JONATHAN HOLLOWAY

Typed or printed name of signee