

L19000164380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

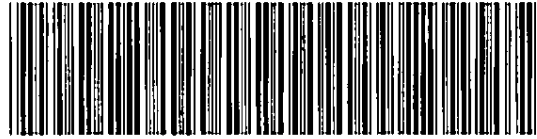
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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04/28/21--01006--018 \*\*35.00

THE CLERK OF THE COURT

2021 APR 28 AM 11:26

CLERK OF THE COURT

16

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Favored Fingers 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:

Kijana Gillis  
Name of Person

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

630 11<sup>th</sup> St  
Address

Clermont, FL 34711  
City/State and Zip Code

Kijana19@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kijana Gillis at (407) 686-4804  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Favored Fingers 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 6/21/2019 and assigned Florida document number L19000164380

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**)

1317 Edgewater Dr #  
4256 Orlando, FL 32804

Enter new mailing address, if applicable:

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

1317 Edgewater Dr #  
4256 Orlando, FL 32804

**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: \_\_\_\_\_

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 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>
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Munger	Kijana Gillis	630 11 <sup>th</sup> St clermont, FL 34711	<input checked="" type="checkbox"/> Add
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Same agent just title needs  
to be updated on articles.  
~~agent~~

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2021 APR 26 AM 11:26  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 11-15-2011 BY 60320


2021 APR 28 AM 11:26  
ST. AUGUSTINE, FLORIDA

2021 APR 28 AM 11:26  
FBI MIAMI, FLORIDA

(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)

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 6/22/2021

  
Signature of a member

Signature of a member or authorized representative of a member

K. Jana Gillis

Typed or printed name of signee

**Filing Fee: \$25.00**