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SECRETARY OF STATE
THATSION OF CORPORATIONS

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: The Journey Begins 345, 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:		
Kristyn Raymond Name of Person		
Scrency 125 Firm/Company		
2922 Mango Tree Dr. Address		
Edgewater, FL 32141 City/State and Zip Code		
E-mail uddress: (to be used for future annual report notification)		
For further information concerning this matter, please call:	2	IN II
Krishm Raymond at (706), 252-2992 Name of Person Area Code Daytime Telephone Number	20 MAY 15	CRETARY
Enclosed is a check for the following amount:	PM 3:	ORPORA
□ \$25.00 Filing Fee & □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Statu Certified Copy (additional copy is enclosed)		STALE DRATIONS

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



May 1, 2020

KRISTYN RAYMOND SERENITY TAX SERVICE 2922 ANGO TREE DR EDGEWATER, FL 32141

SUBJECT: THE JOURNEY BEGINS 345 LLC

Ref. Number: L19000170721

We have received your document for THE JOURNEY BEGINS 345 LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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.

Diane Cushing Senior Section Administrator

Letter Number: 920A00009068

updated name on registred agat.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	segins 345, LLC		5 C	200
(Name of the Lighted)	Liability Company as it now appears on our Florida Limited Liability Company)	records.)	PY	505
The Articles of Organization for this Limited Liab Florida document number <u>L1900017072</u>	· · · · · · · · · · · · · · · · · · ·	2020	بې ما and assigne	PLIONS
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liability company here:			
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation	1 "LLC" or the al	bbreviation "L.L.C."	-
Enter new principal offices address, if applical	ole:			_
(Principal office address MUST BE A STREET	ADDRESS)			_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	OX)			- -
B. If amending the registered agent and/or reg agent and/or the new registered office address	gistered office address on our records, here:	enter the nan	ne of the new registe	- ered
Name of New Registered Agent:	Serenity Tax Service 2922 Mango Tree Dr.	e Sere	nity 125, L	le
New Registered Office Address:	Enter Florida street Edgewater City	address , Florida	32141 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.

I 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

Title Name: Address Type of Action AMBR/ Meghan Conners 5759 Dogwood Rd. School
Co-owner Port Orange, FL 32127 | Remove AMBR/ Michael J. Heather 5759 Dagwood Rd. \$300 Port Orange, FL 32127 __Remove _____ Change __ □ Remove ____ □Change _____ □Change _____ 🗀 Add ____ □Remove _____ □Change _____ □Change

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n effec o <u>te:</u> - l:	e date, if other than the date of filing: April 13,2020 (optional) tive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listent's effective date on the Department of State's records.	.020 ed a
ecord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after d.	r the
ted _	April 13 2020	
	Signature of a member or authorized representative of a member Kristyn Raymond Vived or printed name of signer	

Filing Fee: \$25.00