

L19 000261458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

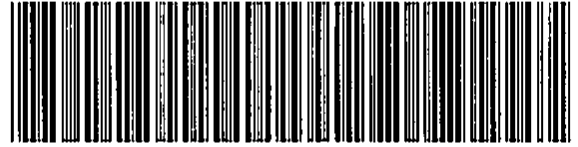
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300355691413

11/30/20--01027--010 ♦♦30.00

FILED
2020 NOV 30 PM 2:37

1/13/21
SA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TOUCHMONEY4L RECORDS 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:

Darryl Cooper Jr

Name of Person

Firm/Company

4904 GASLIGHT AVE

Address

HOLIDAY, FL 34690

City/State and Zip Code

darrylcooper05@gmail.com

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

For further information concerning this matter, please call:

Darryl Cooper

727 505-1786
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**

TOUCHMONEY4L RECORDS 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 10/17/2019 and assigned
Florida document number L19000261458.

This amendment is submitted to amend the following:

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

Cashaddict Family 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)

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:

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

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>
MGR	Darryl Cooper Jr	3233 MASONVILLE LOOP HOLIDAY, FL 34691	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Javor Hayes	615 LINCOLN AVE TARPON SPRINGS, FL 34689	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GAMBLE, TEVIN G	3281 MASONVILLE LOOP HOLIDAY, FL 34691	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	RANGE, DENNIS, JR	615 LINCOLN AVE TARPON SPRINGS, FL 34689	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2022 NOV 30 PM 2:37
FILED
Remove
Change
Add
Remove
Change

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

I would Like for Titles on Authorized Person(s) Detail Name & Address to be change to MGR and AMBR

MGR , Darryl Cooper Jr

AMBR. Javor Hayes, Dennis Range Jr, Tevin Gamble

FILED
2020 NOV 30 PM 2:37

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 11/24/2020 , _____

Signature of a member or authorized representative of a member

Darryl Cooper Jr

Typed or printed name of signee