* Page: 1 of 5

1

 \Box

10/29/21, 10:51 AM



Electronic Filing Menu Corporate Filing Menu

Help

TO:

1/21000-1023293

· ÷

•••••

:

COVER LETTER

| Registration Section | |
|--------------------------|--|
| Division of Corporations | |

| | on Garrett LLC | | |
|---|---|---|---|
| SUBJECT: | Name of Lim | ited Lizbility Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | nitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Suzanne Middleton | | |
| | | Name of Person | |
| | Reed Mawhinney & Link, | PLLC | |
| | | Firm/Company | |
| | 1611 Harden Blvd. | | |
| | | Address | |
| | Lekeland, FL 33803 | | |
| | ······································ | City/State and Zip Code | All |
| | suzanne@polklawyer.com | | |
| | E-mail address: (| to be used for future annual report | notification) |
| For further information c | concerning this matter, please c | all: | |
| Andrew M. Reed | | at () Area CodeDay | l |
| Наикс и | of Person | Area Code Da; | ytime Telephone Number |
| Enclosed is a check for t | he 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) |
| <u>Mailing Addre</u> Registration Division of O P.O. Box 633 Tallahassee, | Section Corporations 27 | The Centre of | Section Corporations of Tallahassee nroe Street, Suite 810 |

1-12100040233913

| ART | ICLES OF A | MENDMENT HAILCO | 407329. | 3 | |
|---|--|---|-----------------------|--------------------------------|---|
| | TO | | Pu | 21 | |
| ARTIC | | RGANIZATION | E C | 121 | |
| | OF | | AH/ AH/ | | 1 |
| Cathy Becton Garrett LLC | | | ARY | ST 29 PH | : |
| (Name of the Limiter | Liability Company Florida Limited Liz | 7 as it now appears on our records.) bility Company) | | PH | j |
| The Articles of Organization for this Limited Lia | bility Company w | vere filed on 10/28/2019 | and assigned | FILEU 2021 OCT 29 PH 12: 58 | |
| Florida document number L19000267869 | · | | A | ω | |
| This amendment is submitted to amend the follow | wing: | | | | |
| A. If amending name, enter the new name of | the limited liabil | ity company here: | | | |
| The new same must be distinguishable and contain the wo | rds "Limited Liabilit | y Company," the designation "LLC" or the | abbreviation "L.L.C." | | |
| Enter new principal offices address, if applica | ble: | | | | |
| (Principal office address MUST BE A STREET | <u> ADDRESS)</u> | ······ | | | |
| | | | | | |
| | | | | | |
| Enter new mailing address, if applicable: | | · · · · · · · · · · · · · · · · · · · | | | |
| (Mailing address MAY BE A POST OFFICE B | <u>0X)</u> | | | | |
| | | | | | |
| | | | | | |
| B. If amending the registered agent and/or re agent and/or the new registered office address | gistered office ac <u>s here</u> : | ldress on our records, <u>enter the n</u> e | ame of the new regis | stered | |
| | | | | | |
| Name of New Registered Agent: | Reed Mawhinney | y & Link, PLLC | | | |
| New Registered Office Address: | 1611 Harden Bly | d. | | | |
| THE CARDING AND | Enter Florida street address | | | | |
| | Lakeland | , Florida | 33803 | | |

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.

City

If Changing Registered Agent, Signature of New Registered Agent

H210004023293

Zip Code

:

• • • • • •

| If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added | |
|--|--|
| 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> | Name | Address | Type of Action |
|--------------|--------------------|--|----------------|
| MGR | Jessica N. Garrett | 831 Campbell Avenue | 🗆 Add |
| | | Lake Wales, FL 33853 | 🗆 Remove |
| | | | 🔜 🗒 Change |
| MGR | Cathy B. Gurrett | 4128 Old Bartow Road | 🖸 Add |
| | | i.ake Wales, FL 33859 | El Remove |
| | | ······································ | EChange |
| | | | ∏Add |
| | | | □ □ Remove |
| | | | 🗆 Change |
| | | | []Add |
| | | | |
| | | | ()Change |
| . <u></u> | | | 🗆 Add |
| | | | BRemove |
| | | | [] Change |
| | | | [] ∧ dd |
| | | | CRemove |
| | | | □Change |
| | | H210040232 | 993 |

1-121000-4623293

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

(optional) E. Effective date, if other than the date of filing: _ (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. \mathbf{r} 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 record is filed. 29 PM i2: 2021 September 20 Dated Ċ authorized representative of a member anue of a member of പ്പ ന Cathy B. Garrett Typed or printed name of signee

1210004023293 Filing Fee: \$25.00