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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

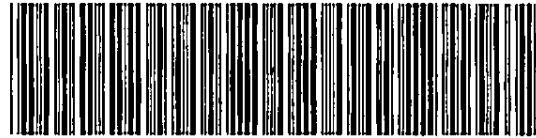
(Business Entity Name)

(Document Number)

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03/04/22--01016--030 **25.00

FILED
2022 MAR -4 AM 6:58
SECRETARY OF STATE
TALLAHASSEE, FL

A. BUTLER
MAR 15 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Celina D. Skinner 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:

Celina Weathersby
Name of Person (formerly Celina Skinner)

Firm/Company

18042 Ayrshire Blvd
Address

Land O Lakes, FL 34638
City/State and Zip Code

~~EST~~ C.Weathersby@FL1stChoice.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Celina Weathersby at (813) 454-8041
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

FILED

Celina D. Skinner LLC

2022 MAR -4 AM 6: 58

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 1/2/2020 and assigned
Florida document number 84-4108789.

This amendment is submitted to amend the following:

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

Celina Weathersby 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:

Celina Weathersby

New Registered Office Address:

18042 Ayrshire Blvd

Enter Florida street address

Land o Lakes

City

Florida

34638

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.

Celina Weathersby

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	Celina Weathersby	18042 Nyrshire Blvd Land O Lakes, FL 34638	<input type="checkbox"/> Add
		married - change from celina skinner to celina weathersby	<input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

2/2/2022

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.

Dated 2/22 2022

Celina Weathersby

Typed or printed name of signee

Department of Health - Office of Vital Statistics

(STATE FILE NUMBER)

STATE OF FLORIDA
MARRIAGE RECORD

TYPE IN UPPER CASE

USE BLACK INK

This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

232434NPR

(APPLICATION NUMBER)

APPLICATION TO MARRY

1. NAME OF SPOUSE (First, Middle, Last) CELINA DARLENE SKINNER		1b. MAIDEN SURNAME (if applicable) GALVEZ	2. DATE OF BIRTH (Month, Day, Year) 07/26/1976
3a. RESIDENCE - CITY, TOWN, OR LOCATION LAND O LAKES	3b. COUNTY PASCO	3c. STATE FL	4. BIRTHPLACE (State or Foreign Country) FLORIDA
5. NAME OF SPOUSE (First, Middle, Last) KALVIN LEMOND WEATHERSBY		5b. MAIDEN SURNAME (if applicable)	6. DATE OF BIRTH (Month, Day, Year) 04/16/1980
7a. RESIDENCE - CITY, TOWN, OR LOCATION LAND O LAKES	7b. COUNTY PASCO	7c. STATE FL	8. BIRTHPLACE (State or Foreign Country) MISSISSIPPI

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF SPOUSE (Sign full name using black ink) <i>Celina Skinner</i>	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 01/26/2022
11. TITLE OF OFFICIAL Nikki Alvarez-Sowles, Esq. Clerk & Comptroller	12. SIGNATURE OF OFFICIAL (Use black ink) <i>[Signature]</i>
13. SIGNATURE OF SPOUSE (Sign full name using black ink) <i>Calvin</i>	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 01/26/2022
15. TITLE OF OFFICIAL Nikki Alvarez-Sowles, Esq. Clerk & Comptroller	16. SIGNATURE OF OFFICIAL (Use black ink) <i>[Signature]</i>

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

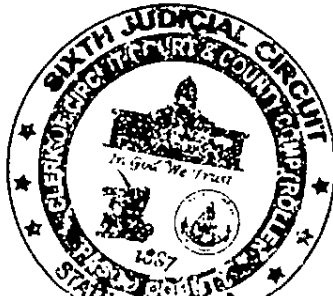
17. COUNTY ISSUING LICENSE PASCO	18. DATE LICENSE ISSUED 01/26/2022	18a. DATE LICENSE EFFECTIVE 01/29/2022	19. EXPIRATION DATE 03/26/2022
20a. SIGNATURE OF COUNTY CLERK OR JUDGE <i>[Signature]</i>	20b. TITLE Nikki Alvarez-Sowles, Esq. Clerk & Comptroller	20c. BY D/C JG	

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED SPOUSES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) 02/22/2022	22. CITY, TOWN, OR LOCATION OF MARRIAGE Saint Petersburg, Florida
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>[Signature]</i>	23c. ADDRESS (Of person performing ceremony) 8246 Dunham Station Dr Tampa, FL 33647
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (For registry stamp) Rev. Dr. Jeffrey Johnson 2716 N. 34th Street, Tampa, FL 33605 Catholic Church of the Holy Spirit	24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>
	25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY. NOT TO BE RECORDED



STATE OF FLORIDA, COUNTY OF PASCO

THIS IS TO CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE OR OF PUBLIC RECORD IN THIS OFFICE WITNESS MY HAND AND OFFICIAL SEAL THIS

23 DAY OF Feb. 2022
NIKKI ALVAREZ-SOWLES, CLERK & COMPTROLLER
BY *[Signature]* DEPUTY CLERK