

L20000070731

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

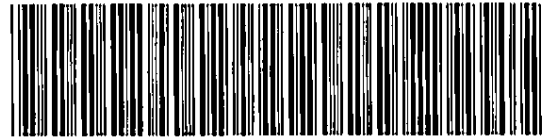
(Business Entity Name)

(Document Number)

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

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10/26/20--01001--005 \*\*25.00

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2020 OCT 23 PM 3:45

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2020 OCT 23 AM 9:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Y SULKER

OCT 26 2020

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

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(OFFICE USE ONLY)

**Business Name & Document Number, (if known):**

1. Legal-ish LLC

Name

Document Number (if known)

x Walk in

\_\_\_\_\_ Will wait

\_\_\_\_\_ Certified Copy of:

\_\_\_\_\_ Certificate of Status

**NEW FILINGS**

\_\_\_\_\_ Profit

\_\_\_\_\_ Not for Profit

X Limited Liability

\_\_\_\_\_ Domestication

\_\_\_\_\_ INC

\_\_\_\_\_ OTHER

**AMENDMENTS**

\_\_\_\_\_ Amendment

\_\_\_\_\_ Resignation of R.A. Officer/Director

\_\_\_\_\_ Change of Registered Agent

\_\_\_\_\_ Dissolution/Withdrawal

\_\_\_\_\_ Conversion

\_\_\_\_\_ Merger

**OTHER FILINGS**

\_\_\_\_\_ Annual Report

\_\_\_\_\_ Fictitious Name

\_\_\_\_\_ Statement of Authority

\_\_\_\_\_ APOSTIL

\_\_\_\_\_ COUNTRY

**REGISTRATION/QUALIFICATIONS**

\_\_\_\_\_ Foreign

\_\_\_\_\_ Limited Partnership

\_\_\_\_\_ Reinstatement

\_\_\_\_\_ Trademark

\_\_\_\_\_ Other

**EXAMINER'S INITIALS:** \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Legal-ish 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:

Anthony Fouladi

\_\_\_\_\_  
Name of Person

Florida Law Group LLC

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

2506 Corrine Dr.

\_\_\_\_\_  
Address

Orlando, FL 32803

\_\_\_\_\_  
City/State and Zip Code

anthonyfouladi@gmail.com

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

For further information concerning this matter, please call:

Anthony Fouladi

407

832-0815

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**

LEGAL-ISH 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 3/3/2020 and assigned  
Florida document number L20000070731

This amendment is submitted to amend the following:

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

1413 BC 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:**

1413 Baldwins Court

**(Principal office address MUST BE A STREET ADDRESS)**

Maitland, FL 32751

**Enter new mailing address, if applicable:**

2506 CORRINE DR.

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

ORLANDO, FL 32803

**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**

MGR = Manager  
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

[illegible]

(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 data inserted in this block does not match the data in the application, the data in the application shall prevail.

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.

October 23, 2020

\_\_\_\_\_  
Signature of a member or authorized representative of a member

Typed or printed name of signee