

L200000 84553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2020 APR 27 PM 1:51

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APR 29 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 APR 27 11:12:14

April 7, 2020

ERROL GORDON
4699 N STATE RD 7
STE J2
TAMARAC, FL 33319

SUBJECT: IDLELOCS, LLC
Ref. Number: L20000084553

We have received your document for IDLELOCS, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 120A00007475

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IDLE LOCS, 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:

ERROL GORDON
Name of Person

COMPUTAX
Firm/Company

11699 N. STATE RD 7, STE J2
Address

TAMARAC, FL 33319
City/State and Zip Code

gordon.errol@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERROL GORDON at (754) 246-0542
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input 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**

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

2020 APR 27 PM 1:51

The Articles of Organization for this Limited Liability Company were filed on 3/18/20 and assigned
Florida document number L20000084553

This amendment is submitted to amend the following:

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

IDLE LOCS, 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

_____, Florida _____
City 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

[illegible]

2020 APR 27 PM 1:51

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 4/20/20 .

Kimberly Force
Signature of a

Signature of a member or authorized representative of a member

KIMBERLY CHOICE

Typed or printed name of signee

Filing Fee: \$25.00