

L200000122143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

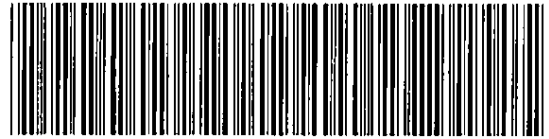
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2023 DEC -4 AM 10:07

FILED

OCT 27 2023

A. PARISHANI

DEC 07 2023

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: North Florida Guardian & Fiduciary 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:

Constance M. Buchanan  
Name of Person

North Florida Guardian & Fiduciary LLC  
Firm/Company

410 SW Madison Ct.  
Address

Lake City FL 32024  
City/State and Zip Code

Constance.buchanan@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Caleb Martin at (386) 361-5939  
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

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

OCT 27 2023

no \$  
KB

North Florida Guardian & Fiduciary LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**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	Sara M. Shoemaker	441 SW Miracle Ct.	<input type="checkbox"/> Add
		Lake City, FL 32024	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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DEPARTMENT OF STATE  
DIVISION OF CORPORATION  
TALLAHASSEE, FLORIDA  
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Change  
Add  
Remove  
Change

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

2023 DEC - 4 AM 10:10  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

E. Effective date, if other than the date of filing: August 1 2023 (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 10/19, 2023.

Constanza Buchanan  
Signature of a member or authorized representative of a member

Constanza Buchanan  
Typed or printed name of signee