LZ0000138216

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

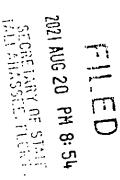




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08/20/21--01025--024 **60.00

3/3/2021



COVER LETTER

TO:

TO: Registration of Division of	on Section f Corporations			
Escap	e Me, LLC			
SUBJECT:	Name of L	imited Liability Company		
The enclosed Article	es of Amendment and fee(s) are s	ubmitted for filing.		
Please return all cor	respondence concerning this matt	er to the following:		
	Madison A Polm			
		Name of Person		
	Escape Me, LLC			
		Firm/Company		
	2654 Shannon Street			
		Address	·	
	Orange Park, FL. 32065			
	_	City/State and Zip Code		
	madisonpigeon@yahoo.c			
	E-mail address	s: (to be used for future annual re	eport notification)	
For further informat	ion concerning this matter, please	e call:		
Madison A Polm		904 480- at ()	-4602	
N	ame of Person	Area Code	Daytime Telepho	one Number
Enclosed is a check	for the following amount:			
□ \$25.00 Filing F	ee \$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 A	ddrese	Street Adi	dress:	
	ion Section		Street Address: Registration Section	
Division of Corporations		Division	Division of Corporations	
P.O. Box 6327			The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N.	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT

FILED

TO ARTICLES OF ORGANIZATION 2021 AUG 20 PM 8: 54 OF

SECRETARY OF STATE TALLAHASSEE, FLORING

Escape Me, 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 ______05/21/2020 and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 2654 Shannon Street Enter new mailing address, if applicable: Orange Park, FL 32065 (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: Madison A Polm Name of New Registered Agent: 2654 Shannon Street New Registered Office Address: Enter Florida street address , Florida 32065
Zip Code Orange Park

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

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
AMBR	Brian K Dailey	2654 Shannon Street	
		Orange Park, FL. 32065	□Remove
			□Change
			□Add
			□Remove
			Сһалде
			□Add
			Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□ Add
			□Remove
			□Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effi	ve date, if other than the date of filing:
he record ord is fil	I 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 ed.
Dated	8/16/21
	Signature of a member or authorized representative of a member
	Madison A Polm Typed or printed name of signee

Filing Fee: \$25.00