

L20000 142765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PROVERB PROPERTIES, 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:

FULCHER, CHERYL L

Name of Person

PROVERB PROPERTIES, LLC

Firm/Company

4106 COBALT CIRCLE

Address

PANAMA CITY BEACH, FL 32408

City/State and Zip Code

cherylmknsd@gmail.com

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

For further information concerning this matter, please call:

FULCHER, CHERYL L

770 713-7659
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**

PROVERB PROPERTIES, LLC

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

22 JUL 31

The Articles of Organization for this Limited Liability Company were filed on 05/26/2020 and assigned
Florida document number L20000142765.

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 "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

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

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	FULCHER, CHERYL L	4106 COBALT CIRCLE	<input checked="" type="checkbox"/> Add
		PANAMA CITY BEACH, FL 32408	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FULCHER, LARRY L, JR	4106 COBALT CIRCLE	<input type="checkbox"/> Add
		PANAMA CITY BEACH, FL 32408	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	DUDLEY, MICHAEL B	172 BURNS DR	<input type="checkbox"/> Add
		LOBELVILLE, TN 37097	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	DUDLEY, SONYA L	172 BURNS DR	<input type="checkbox"/> Add
		LOBELVILLE, TN 37097	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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.

Cheyl K. Kulcher
Signature of a member or authorized representative of a member

Cheryl L. Fulcher
Typed or printed name of signer

Filing Fee: \$25.00