

L200000219149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

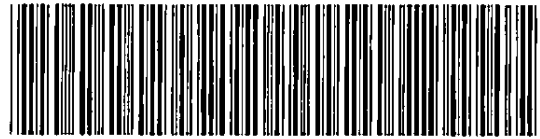
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

KH
11/3/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Uncle Gene's Way 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:

Kietta Mayweather Bracy

Name of Person

Uncle Gene's Way Inc.

Firm/Company

PO Box 692286

Address

Orlando, FL 32869

City/State and Zip Code

kiettagamble@aol.com

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

For further information concerning this matter, please call:

Kietta Mayweather Bracy

407

496-6671

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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Uncle Gene's Way 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 7/24/2020 and assigned
Florida document number 120000219149.

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)

890 E SR-434, Ste. B

Longwood, Florida 32750

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 692286

Orlando, Florida 32869

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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:

Kietta Mayweather Bracy

New Registered Office Address:

890 E. SR-434, Ste. B

Enter Florida street address

Longwood

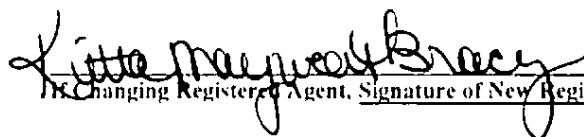
City

Florida 32750

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.



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 | Randolph Bracy III | 890 E. SR-434 Ste B, Longwood, FL 32750 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Kietta Mayweather Gamble | 8740 Crestgate Circle, Orlando, FL 32819 | <input type="checkbox"/> Add |
| | | | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Kietta Mayweather Bracy | 890 E SR 434 Ste B Longwood, FL 32750 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

*note - updating new, legal from: _____

Kietta Mayweather Gamble to new legal name: _____

Kietta Mayweather Bracy _____

*Please Process First (Before the conversion) _____

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TALLAHASSEE, FL

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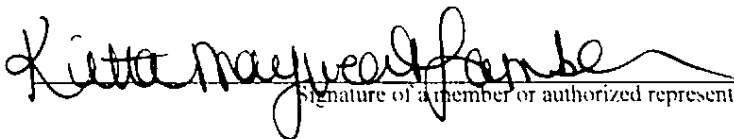
E. Effective date, if other than the date of filing: 10/18/2023 (optional)

(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 October 18 2023



Signature of a member or authorized representative of a member

Kietta Mayweather Gamble

Typed or printed name of signee